

CITY OF LIGHTHOUSE POINT

APPLICATION FOR BOARD/COMMITTEE APPOINTMENTS

Your Service to our City is Earnestly Solicited

Service on a City Board provides citizens with an opportunity to help shape policy and direction for the City of Lighthouse Point. Residents are cordially invited to complete an application for a position on a City Board or Committee. When a position becomes available on a Board or Committee, all applications for that Board or Committee will be submitted for consideration. Applicants may be considered for more than one Board and/or Committee, however, once appointed will not be considered for future vacancies unless requested by applicant. All applicants must reside within the City of Lighthouse Point.

Please check the Board(s)/Committee(s) which you wish to be considered:

- | | | |
|---|---|---|
| <input type="checkbox"/> Keeper Days Committees | <input type="checkbox"/> Planning and Zoning Board* | <input type="checkbox"/> Recreation/Cultural Arts Committee |
| <input type="checkbox"/> Code Enforcement Board* | <input type="checkbox"/> Library Advisory Board | |
| <input type="checkbox"/> Community Appearance Board | <input type="checkbox"/> Marine Advisory Board | |
| <input type="checkbox"/> Personnel Appeals Board* | <input type="checkbox"/> Tennis Advisory Committee | |

Application is for: ☐ Reappointment ☐ New Appointment

*****Per Section 112.317 Florida Statutes, Members of certain Boards are required to file a Financial Disclosure Report***

Please type or print information.

PERSONAL:

Name: _____ Telephone: _____

Address: _____ Business: _____

Email Address: _____

EDUCATION:

Name of High School: _____ Location: _____

College (if applicable): _____ Location: _____

Years Completed: _____ Degree: _____

Field of Study: _____

Other professional or technical training (Name of school, course name, etc.):

EMPLOYMENT: Resumes may be attached to this application.

Current Employer/Business Name: _____

Business Address: _____
Street City State Zip

Position: _____ Years of Service: _____

Duties: _____

OTHER QUALIFICATIONS:

Briefly describe any specific expertise and/or abilities that would pertain to your service on a City Board or Committee

MEMBERSHIPS:

Completion of this section is optional. The information will be helpful to the press if you are appointed; however, it is not a prime factor in making appointments.

Lighthouse Point Organization(s) **Years in Membership** **Office Held (if any)**

Outside Cities

ACKNOWLEDGEMENT

I understand that in accordance with the Florida Sunshine Law, the above stated information is considered a public record.

I understand that appointment to any of the positions indicated above is a voluntary service and not compensated.

If appointed, I agree to faithfully and fully perform the duties of my office, will make every endeavor to serve my full term, and will comply with all laws or ordinances of the City, County, and State of Florida, particularly those pertaining to the conduct of public office and the financial disclosure requirements, if applicable to my position. I further agree to take the statutory oath. I understand that if appointed, I must take the oath of office prescribed in the Florida Statutes.

Signature of Applicant

Date

PLEASE RETURN THIS APPLICATION TO THE CITY CLERK'S OFFICE

City of Lighthouse Point • 2200 NE 38 Street • Lighthouse Point, FL • 33064