



APPLICATION FOR CITY OF RIVIERA BEACH ADVISORY BOARD

Please Note: Pursuant to 119.07 F. S. the information provided in this application is considered to be public record, except as provided by law.

Board Applying For: _____

Name: _____ Home Address: _____

City: _____ State: ___ Zip: _____ Home Phone No: _____

Work Phone No: _____ Email Address: _____

Are you currently serving on a City Board or Committee? YES () NO ()

If so please indicate name: _____ Date of Service(s): _____

Are you available for day time meetings () evening meetings ()

What would you hope to accomplish by participating if you are appointed?

Present Employer: _____ Position: _____

Address: _____ City: _____ State: ___ Zip: _____

Profession: _____ Length: _____

How long have you practiced the above profession? _____

Preferred mailing address: _____

Could your occupation or employment present a conflict of interest on municipal subject matters discussed or decided upon by the Advisory Board? YES () NO () NOT SURE ()

Please explain:

Please explain your knowledge, experience, and interest in municipal functions; municipal charter, financing, Florida Constitution, and Florida Statutes pertaining to municipal law; if none, provide your experiences or skills in dealing with business or communication:

EDUCATIONAL BACKGROUND

Degree or Certificate	Institution	Course of Study
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Are you registered and actively vote in Palm Beach County? YES () NO ()

Are you currently participating in civic or community activities YES () NO ()

If yes, explain: _____

I understand the duties, rules and time commitment to the Advisory Board to which I have applied:

 Signature Date

How did you learn about the Advisory Board?

City's website () Community group () Newspaper () Other ()

If you desire, a résumé may be attached. Florida Law may require you to file a Financial Disclosure Form. If so, you will be notified upon appointment to the City Advisory Board.

Please return application and résumé to:

**Office of the City Clerk
 600 West Blue Heron Blvd,
 Riviera Beach, FL 33404**

FOR USE BY CITY OF RIVIERA BEACH

Appointment by: _____ *Date:* _____ *Expiration Date:* _____

Orientation Date: _____ *Notified by City Staff:* _____