



BOARD OF COUNTY COMMISSIONERS

BOARD / COMMITTEE APPLICATION

DATE RECEIVED BY ST. JOHNS COUNTY

Thank you for expressing interest to be considered for appointment to committees, boards, commissions or advisory groups appointed by the St. Johns County Board of County Commissioners. The County Commission appreciates your willingness to serve your fellow citizens in a volunteer capacity. Please complete this application to the best of your ability. (You may attach a resume and/or additional data. Please reference attachments in the appropriate section(s).)

Name: _____ District #: _____

Address: _____

Phone #: _____ E-mail Address: _____

How long have you been a legal resident of St. Johns County? _____

Most recent occupation/employer: _____

I am _____ am not _____ a registered voter in St. Johns County, Florida.

List all active professional licenses and certifications: _____

Educational background: _____

Past work experience: _____

Please list any civic clubs, professional organizations, or public interest groups of which you are a member or in which you have been active: (attach additional sheet, if necessary)

1. _____ 2. _____
3. _____ 4. _____

Please indicate, by preference, all County committees, boards, or councils in which you have an interest:

1. _____ 2. _____
3. _____ 4. _____

(Over)

List three (3) personal or professional references:

- 1. _____
- 2. _____
- 3. _____

You may use this space for a brief biographical sketch or to list other skills you possess that are relevant to the appointment you are seeking: (Please indicate in the space below if you attach your resume.)

All information provided will become a matter of public record and will be open to public inspection. If you require special accommodations because of a disability to participate in the application/selection process, you must notify the Board of County Commissioners in advance. This application will be kept on file for one (1) year, at which time you must notify the Board of County Commissioners of your intent to remain an active applicant and update your application accordingly or it will be removed from the active file.

I hereby authorize St. Johns County or its representatives to verify all information provided and I further authorize the release of any information by those in possession of such information which may be requested by the County . I certify that all information provided herein is true and accurate to the best of my knowledge. I understand that a volunteer position provides for no compensation except that as may be provided by Florida Statutes or other enabling legislation.

Signature

Date

Please return completed application to:
St. Johns County Administration
500 San Sebastian View, St. Augustine, FL 32084
Phone: (904) 209-0537 Fax: (904) 209-0538

Thank you for your interest!

For Office Use Only:
Mailed expiration letter: _____
Confirmed interest to extend 6 months:
 1. _____
 2. _____
 3. _____