



# 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 addressing land use appointed by the St. Johns County Board of County Commissioners. The County Commission appreciates your willingness to serve your fellow County residents in a volunteer capacity. Please complete this application to the best of your knowledge. (You may attach a resume and/or additional data. Please reference attachments in the appropriate section(s).)*

Name: \_\_\_\_\_ District #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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 **all** civic clubs, professional organizations, public interest groups and other not-for-profit organizations of which you are a member or in which you have been active in the last three years, particularly those in St. Johns County.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Please list the location and size of all parcels of property in St. Johns County of which you have ownership:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate any companies/industries doing business in St. Johns County in which you have a financial interest (i.e., proprietary, partnership, stock holdings, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Over)

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

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

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 are attaching your resume.)

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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 to allow for reasonable accommodation. This application will be kept on file for one 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, and that if appointed, I shall serve at the pleasure of the Board of County Commissioners.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return completed application to:  
St. Johns County Board of County Commissioners  
500 San Sebastian View, St. Augustine, FL 32084  
Phone: (904) 209-0300 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. \_\_\_\_\_