



MARION COUNTY BOARD OF COUNTY COMMISSIONERS APPLICATION FOR APPOINTMENT TO ADVISORY BOARD

NAME OF BOARD: _____ DATE: _____

APPLICANT NAME: _____

EMAIL: _____

STREET ADDRESS: _____

CITY: _____ ZIP: _____ HOME PHONE: _____ WORK PHONE: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

OCCUPATION: _____ PREVIOUS OCCUPATION: _____

REGISTERED VOTER: Yes No

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes No

REFERENCES:	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

(PLEASE DO NOT USE COMMISSIONERS AS REFERENCES)

PRESENT/PREVIOUS EMPLOYMENT RELATING TO THIS ADVISORY BOARD:

PRESENT/PREVIOUS VOLUNTEER EXPERIENCE:

SPECIAL QUALIFICATIONS:

HOW MUCH TIME DO YOU HAVE MONTHLY TO PREPARE FOR AND ATTEND BOARD MEETINGS?

LIST ALL COUNTY AND CITY BOARDS (MARION COUNTY OR ELSEWHERE) ON WHICH YOU HAVE PREVIOUSLY SERVED (INCLUDE DATES OF SERVICE):

RETURN FORM TO: MARION COUNTY BOARD OF COUNTY COMMISSIONERS
601 SE 25TH AVE., OCALA, FL 34471

PLEASE CALL THE COMMISSION OFFICE AT (352) 438-2323 IF YOU HAVE ANY QUESTIONS REGARDING YOUR APPLICATION.

I authorize Marion County to contact my references and I understand that all statements made on this application may be verified by Marion County, including background checks. In addition, I understand that any misstatements or material omissions on my application may result in my removal from my appointed position.

By signing this application, the applicant agrees to attend at least one (1) advisory board seminar within six (6) months from the date of his or her appointment.

SIGN: _____

RECEIVED BY BCC: _____

PRINT: _____

** This application will be kept on file for a period of one year from date receipt by the Board of County Commissioners. Should a vacancy occur on the board to which you have applied, you will be notified.*