



MARION COUNTY BOARD OF COUNTY COMMISSIONERS

APPLICATION FOR APPOINTMENT TO ADVISORY BOARD

(Please print or type)

NAME OF BOARD: _____ DATE: _____

APPLICANT NAME: _____

EMAIL: _____

STREET ADDRESS: _____ HOME PHONE: _____

CITY: _____ ZIP CODE : _____ WORK PHONE: _____

BUSINESS NAME: _____ ADDRESS: _____

OCCUPATION: _____ PREVIOUS OCCUPATION: _____

REGISTERED VOTER? Yes No HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes No

REFERENCES: NAME ADDRESS PHONE

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.