

**TOWN OF HOWEY-IN-THE-HILLS
APPLICATION FOR BOARDS/COMMITTEES**

Please Print Legibly

Name: _____ Date: _____
 Home Mailing Address: _____
 Home Physical Address: _____
 Florida Drivers License or ID: _____
 Phone Number: _____ E-mail Address: _____
 Education: _____
 Business (Name & Type): _____
 Business Address: _____
 Business Phone: _____ Position: _____
 Training or experience related to activities of boards or committees to which appointment is sought: _____

Professional Organizations: _____

Have you served on a Town Board(s)/Committee(s) in the past? ____ Yes ____ No

Name of Boards/Committee(s):	Dates Served:
_____	_____
_____	_____
_____	_____

Please check Board(s)/Committee(s) that interest you.

- | | |
|--|---|
| <input type="checkbox"/> Cemetery Board | <input type="checkbox"/> Police Pension Board |
| <input type="checkbox"/> Historic Preservation Board | <input type="checkbox"/> Utility Advisory Board |
| <input type="checkbox"/> Library Board | <input type="checkbox"/> Visioning Committee |
| <input type="checkbox"/> Parks & Recreation Board | <input type="checkbox"/> Other |
| <input type="checkbox"/> Planning & Zoning Board | <input type="checkbox"/> Other |

I will attend meetings in accordance with the adopted policies of the Town of Howey-in-the-Hills. If at any time my business or professional interests conflict with the interests of this Board or Committee, I will not participate in such deliberations. References may be secured from the following individuals:

	Name	Address	Phone Number
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

Signature of Applicant

In completing this application, you are acknowledging that personal information you provide is subject to Florida's Public Records Policy as stated in Chapter 119, Florida Statutes, and Article I, Section 24 of the State Constitution.

Applicants are considered for board openings for which they apply without regard to race, color, religion, gender, sexual orientation, national origin, age, marital status, or the presence of a medical condition or disability. The Town of Howey-in-the-Hills will not tolerate any form of discrimination, harassment or retaliation affecting its employees or applicants due to race, color, religion, gender, sexual orientation, national origin, age, marital status, medical condition, or disability.

FOR TOWN HALL USE

Received by _____ Date _____
 Reviewed by Board _____
 Appointed by Town Council _____ Date _____