



APPLICATION TO SERVE ON A CHARLOTTE COUNTY ADVISORY COMMITTEE

New Applicant Re-Appointment

INCOMPLETE APPLICATIONS WILL BE RETURNED

Mr/Mrs/Ms:			
Name:	Last	First	Middle Initial
Residence Address:			
Street	City	Zip Code	
Mailing Address:			
Street	City	Zip Code	
Phone No.			
Home		Business	
FAX:			
E-Mail Address:			

I hereby submit my name for consideration to serve in an advisory capacity to the Board of Charlotte County Commissioners on the following Advisory Committee as a Regular or Alternate member:

_____ Name of Advisory Committee

If applying for a specific category/position, please so state: _____

Occupation: _____

If currently retired, previous occupation: _____

Civic/Professional Accomplishments/Offices Held:

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CHARLOTTE COUNTY ADVISORY COMMITTEE – CONTINUED**

My qualifications to be eligible are as follows:

If applicable, please indicate any employment, contractual relationship or status that you may have, or have had within the past 12 months, with any private business entity that rents, leases or sells any realty, or provides any goods or services to the County or that is conducting any business with the County.

Is this application for a new appointment? Yes No

If yes, please indicate what you would like to accomplish if you are appointed to this Committee:

Is this application for a re-appointment? Yes No

➤ If yes, please indicate what your accomplishments have been while serving on this Committee:

➤ If “Yes”, please indicate what you would like to accomplish during this term:

If you have previously served on a Charlotte County Advisory Committee or are currently serving and seeking reappointment, please indicate the number and general nature of any voting conflict disclosure memorandum filed (Form 8B) while serving on the committee:

Have you ever worked for the Charlotte County Board of County Commissioners? Yes No

➤ If “Yes”, please list position, department, start and end date: _____

Do you have any relatives currently working for the Charlotte County Board of County Commissioners? Yes No

➤ If “Yes”, please list name(s) and department(s): _____

Are you a full time Charlotte County Resident? Yes No

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- 1.) All of the Boards and Committees appointed by the Board of County Commissioners are required to comply with the Sunshine Law FS 286.011 and some of the Boards and Committees appointed by the Board of County Commissioners are required to comply with Chapter 112, Florida Statutes, the Financial Disclosure Law. You may be required to file a Form 1 Financial Disclosure. You will be provided with more information upon appointment. Some appointments may require the appointee to complete a Questionnaire for Gubernatorial Appointments, if so you will be informed.
- 2.) Charlotte County, an equal opportunity/affirmative action employer, considers the selection and appointment of persons to advisory committees in a non-discriminatory manner consistent with the requirements of Federal, State and Local non-discrimination laws.
- 3.) The Board of County Commissioners request that you attend the Commission meeting at which your application will be considered for appointment. This office will notify you of the Commission meeting date.
- 4.) Members who fail to attend three (3) meetings in a twelve-month period without cause and without prior approval of the chairman shall automatically forfeit their appointment.

By signing this application, you acknowledge that you have read and understand the previous statements.

Signature

Date

A résumé of additional personal and professional qualifications and experience that pertains to the above is to be submitted with this application however, it cannot replace the application form.

Please return this completed form and a copy of your resume to:

Charlotte County Economic Development Department
Attention: Kathy Knee
18500 Murdock Circle
Port Charlotte, FL 33948