



**APPLICATION TO SERVE ON A  
CHARLOTTE COUNTY ADVISORY BOARD**

**New Applicant**     **Re-Appointment**

**INCOMPLETE APPLICATIONS WILL BE RETURNED**

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

I hereby submit my name for consideration to serve in an advisory capacity to the Board of Charlotte County Commissioners on the following Advisory Board:

\_\_\_\_\_ **Name of Advisory Board**

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 BOARD – CONTINUED**

In order to qualify a volunteer must both be a property owner within and reside within the Unit, and my qualifications to be eligible are as follows:

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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.

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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 Board:

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Is this application for a re-appointment?  Yes  No

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

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

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If you have previously served on a Charlotte County Advisory Board 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 board:

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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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Have you ever been convicted of a **Felony or Misdemeanor**? (Please be sure you understand the question, as failure to answer truthfully will disqualify you).       Yes       No

➤ If “Yes”, please explain: \_\_\_\_\_

Have you ever pled **NO LO CONTENDRE** or pled guilty to a crime which is a **Felony** or a **Misdemeanor**? (Please be sure you understand the question, as failure to answer truthfully will disqualify you).       Yes       No

➤ If “Yes”, please explain: \_\_\_\_\_

- 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.
- 2.) Charlotte County, an equal opportunity/affirmative action employer, considers the selection and appointment of persons to advisory boards 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 two (2) meetings in a rolling twelve-month period shall automatically forfeit their appointment.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**A résumé or list of qualifications and experience is required but cannot replace this application form.**

PLEASE RETURN THIS COMPLETED FORM TO:

Charlotte County Public Works  
Municipal Service District Representatives  
7000 Florida Street  
Punta Gorda, FL 33950

OR EMAIL TO:

[MSBU-TU@CharlotteCountyFl.gov](mailto:MSBU-TU@CharlotteCountyFl.gov)