

TOWN OF HILLSBORO BEACH
APPLICATION FOR MARINE ADVISORY COMMITTEE APPOINTMENT

Please type or print information

PERSONAL:

Name: _____ E-Mail Address: _____

Residential Address: _____ Hillsboro Beach, FL 33062

Telephone Number: (____) _____ Business Number: (____) _____

Cell Number: (____) _____

You must use your Hillsboro Beach home address on this application.

EDUCATION:

Name of High School: _____ Location: _____

College (if applicable): _____ Location: _____

Years Completed: _____ Degree: _____

Field of Study: _____

Other professional or technical training (Name of school, course name, etc.): _____

EMPLOYMENT:

Current or last employer: _____

Address: _____

Position: _____ Years of Service: _____

Duties: _____

OTHER QUALIFICATIONS: Briefly describe any specific expertise and/or abilities that would pertain to your service on a Town Board: _____

MEMBERSHIPS: Hillsboro Beach Organization(s)

Years in Membership Office Held (if any)

Other:

ACKNOWLEDGMENT (Check Below):

I understand that in accordance with the Florida Sunshine Law, this information will be available for public review.

I understand that appointment to the Marine Advisory Board is a voluntary service.

If appointed, I agree to faithfully and fully perform the duties of my office, will make every endeavor to serve my full term, and will comply with all laws or ordinances of the Town, County, and State of Florida, particularly those pertaining to the conduct of public office and the financial disclosure requirements, if applicable, to my position.

Signature of Applicant

Date

Please Completely Fill Out & Return this Application to the Town Clerk's Office for Processing.
Town of Hillsboro Beach 1210 Hillsboro Mile Hillsboro Beach, FL 33062 (954) 427-4011

Applications will be valid for a period of two years