



## VOLUNTEER ADVISORY BOARD / COMMITTEE APPLICATION

Thank you for your interest in serving the City of DeBary. Your completion of this application is necessary so that the members of the City Council can thoroughly review each application as part of their consideration for your appointment. Please check the Board(s) or Committee(s) on which you are interested in serving.

- \_\_\_\_\_ Historic Preservation Advisory Board
- \_\_\_\_\_ Citizens Advisory Committee to the TPO
- \_\_\_\_\_ Bicycle and Pedestrian Advisory Committee to the TPO
- \_\_\_\_\_ River of Lakes Heritage Corridor Scenic Highway Board
- \_\_\_\_\_ Orlandia Heights Neighborhood Improvement District
- \_\_\_\_\_
- \_\_\_\_\_

### ***PERSONAL***

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Residence (if different from mailing): \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Business Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you a registered voter in DeBary? \_Yes \_\_\_\_\_ No Length

of residency in DeBary \_\_\_\_\_ years

Are you currently serving on any other City advisory boards? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever served on a City advisory board? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when and which board? \_\_\_\_\_



APPLICANT NAME: \_\_\_\_\_

***REFERENCES – May be business and/or personal***

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

***EDUCATION***

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

College: \_\_\_\_\_ Degree: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Postgraduate: \_\_\_\_\_ Degree: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

***WORK HISTORY***

Present Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Employment Date: \_\_\_\_

Job Title/Duties: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Employment Date: \_\_\_\_

Job Title/Duties: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Employment Date: \_\_\_\_

Job Title/Duties: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

***LIST ACTIVITIES / COMMUNITY INVOLVEMENT***

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***EXPLAIN WHY DO YOU WANT TO SERVE ON THIS / THESE BOARDS***

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***WHAT WOULD YOU WANT TO ACCOMPLISH DURING YOUR TERM?***

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I understand the responsibilities associated with being a board member, and I have adequate time to serve if appointed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

RETURN COMPLETED APPLICATION TO:

City Clerk  
City of DeBary  
16 Colomba Road  
DeBary, Florida 32713  
Phone (386) 668-2040  
Fax (386) 668-4122