



## 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 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
- \_\_\_\_\_ Volusia Growth Management Commission
- \_\_\_\_\_ River of Lakes Heritage Corridor Scenic Highway Board
- \_\_\_\_\_ Orlandia Heights Neighborhood Improvement District
- \_\_\_\_\_ Temporary Appointed City Council Member
- \_\_\_\_\_ Community Revitalization Advisory Committee
- \_\_\_\_\_ Charter Review Committee

### 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 \_\_\_\_ Months \_\_\_\_

Occupation: \_\_\_\_\_

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: \_\_\_\_\_

**WORK HISTORY**

Present Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Previous Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Job Duties: \_\_\_\_\_

**REFERENCES (May be business and/or personal)**

NAME, ADDRESS & TELEPHONE NUMBER \_\_\_\_\_

NAME, ADDRESS & TELEPHONE NUMBER \_\_\_\_\_

NAME, ADDRESS & TELEPHONE NUMBER \_\_\_\_\_

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

**EDUCATION**

High School: \_\_\_\_\_

College: \_\_\_\_\_ Degree: \_\_\_\_\_

Postgraduate: \_\_\_\_\_ Degree: \_\_\_\_\_

**ACTIVITIES / COMMUNITY INVOLVEMENT:** \_\_\_\_\_

---

---

**WHY DO YOU WANT TO SERVE ON THIS/THESE BOARDS?:** \_\_\_\_\_

---

---

**WHAT WOULD YOU WANT TO ACCOMPLISH DURING YOUR TERM?:** \_\_\_\_\_

---

---

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN TO:           City Clerk  
                          City of DeBary  
                          16 Colomba Road  
                          DeBary, Florida 32713  
                          (386) 668-2040  
                          ahatch@debary.org