



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