



VOLUNTEER ADVISORY BOARD/COMMITTEE APPLICATION

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

- _____ Bicycle and Pedestrian Advisory Committee to the TPO
- _____ Charter Review Committee
- _____ Citizens Advisory Committee to the TPO
- _____ Golf Cart Review Committee
- _____ Hometown Heroes Committee
- _____ Historic Preservation Advisory Board
- _____ Orlandia Heights Neighborhood Improvement District Board
- _____ River of Lakes Heritage Corridor Scenic Highway Board
- _____ Temporary Appointed City Council Member
- _____ Volusia Growth Management Commission

PERSONAL (PLEASE PRINT)

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 ____

Applicant Name: _____

If yes, when and which board? _____

Have you graduated from DeBary Citizens Academy? Yes ____ No ____

WORK HISTORY (PLEASE PRINT)

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) (PLEASE PRINT)

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 BOARD?: _____

WHAT WOULD YOU WANT TO ACCOMPLISH DURING YOUR TERM?: _____

I understand the responsibilities associated with being a board/committee 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
(386) 601-0219
ahatch@debary.org