



## PASCO COUNTY METROPOLITIAN PLANNING ORGANIZATION

West Pasco Government Center 8731 Citizens Drive, Suite 360 New Port Richey, FL 34654

Phone: (727) 847-8140 Fax: (727) 815-7010

## APPLICATION FOR ADVISORY BOARD/COMMITTEE

## Advisory Board/Committee/Commission you are applying for:

|  |                       | c app., g                   |                       |     |
|--|-----------------------|-----------------------------|-----------------------|-----|
| Are you willing to be considered for an alternate Board/Committee/Commission Yes |                       |                             |                       |     |
| Are you a registered voter? (Need only ans                                       | swer if a requirement | t for the entity for which  | you are applying) Yes | No  |
| Name   |                       |                             |                       |     |
| Address  |                       |                             |                       |     |
| City   | State                 |                             |                       | Zip |
| I reside in Commission District # (can be  | found on back o       | of your Voter Regis         | stration Card)        |     |
| Are you a Year Round Resident?   | Yes                   | No                          |                       |     |
| Do you reside in the unincorporated area   | a? Yes                | No                          |                       |     |
| If no, please indicate city:   |                       |                             |                       |     |
| Home Phone   | Work Phone            |                             | Cell Phone            |     |
| Email  |                       |                             |                       |     |
| Employer   |                       |                             |                       |     |
| Address  |                       |                             |                       |     |
| Occupation (if retired, please indicate)   |                       |                             |                       |     |
| Please list any governmental Advisory E  | 3oards/Committe       | ees on which you            | currently serve       |     |
| _  | 0.5                   |                             |                       |     |
| For  | Office Use Only       | '                           |                       |     |
| Received:  | Ent                   | ered:                       |                       |     |
| Meets Qualifications: Yes  | No For                | No Forwarded to Department: |                       |     |
| Acknowledgment sent:   | MPO Mtg Date: Action: |                             | Action:               |     |
| Letter Sent:   |                       |                             |                       |     |

Complete the following. Please describe those facets of your background/experience which you feel may be useful for membership on this Board/Committee/Commission.

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| Statement of Interest - Reason for Applying  |
|--|
| Academic - Degrees, Diplomas   |
| Professional - Certification   |
| Knowledge - Training, interest or experience   |
| Community Involvement - List organizations/positions   |
| Organizations - Memberships  |
| <ul> <li>IMPORTANT INFORMATION</li> <li>1. Eligibility for membership on certain advisory boards/committees/commissions requires a valid voter registration card.</li> <li>2. Membership on certain advisory boards/committees/commissions requires financial disclosure or the submission of other information.</li> <li>3. Florida State Statute 119.07 designates this application as a public document to be made available for anyone requesting to view it.</li> <li>4. Pasco County Code of Ordinances Article V regulates Boards, Committees, Authorities, Councils, Metropolitan Planning Organizations and Commissioners of the Board of County Commissioners.</li> <li>The Pasco County Metropolitan Planning Organization, Florida does not discriminate upon the basis of any individual's disability status. This non discrimination policy involves every aspect of the Board's functions including one's access to, participation, employment, or treatment in its programs or activities. If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistant. Within two working days of your receipt of this notice, please contact Human</li> </ul> |
| Resources, West Pasco Government Center, 7536 State Street, New Port Richey, FL 34654; (727) 847-8030 and via 1-800-955-8771 if you are hearing impaired.  By typing my name and submitting this application, I acknowledge this constitutes my signature under the Florida Electronic Signature Act.  |

Electronic Signature Type Name Date

PLEASE NOTE: Application will remain active for one (1) year. Resumes may be included; however, the application MUST still be completed. **Read Important Information** section, then sign the application.

Revised 5/9/2018

**Email Form**