



City of Haines City Advisory Board Application

Thank you for your interest in serving the City of Haines City as a member of one of the City's advisory boards. If you have questions concerning the duties and responsibilities of any of the advisory boards, please contact the City Clerk's Office at 863-421-9921.

Return this form to: City of Haines City
City Clerk's Office
620 E. Main Street
Haines City, FL 33844
Email: cityclerk@hainescity.com
Phone: (863) 421-9921
Fax: (863) 421-3663

Personal Information

Name: _____

Home Address: Street (Do Not use P.O. Box) _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Employment Information

Employer: _____ Position Title: _____

Business Address: _____

City: _____ Zip: _____

Business Phone: _____ Fax No.: _____ Email: _____

Preferred Mailing Address: Residence Business

How long have you lived in the City of Haines City: _____

Interest

Please list the advisory board(s) for which you wish to be considered: _____

Why are you interested in serving on this Board?

Qualifications (Please attach resume to application)

Please list any specific qualifications, education or experience that would directly relate to the Board for which you are being recommended:

List all (Board) related experience (Board, staff, volunteer, etc.): _____

List community, professional, or other applicable policy-making Boards on which you have served. Note the length of service and office held (if any).

Organization or Commissioner sponsoring nomination (if applicable):

Educational Background (Check all that apply)

High School AA BS/A MS/A Ph.D. J.D.

Other _____

Major areas of study _____

Other experience or skills that may be valuable to the Board:

Additional Information

Are you willing to meet at least monthly for a Board meeting? Yes No

Are you generally available should a special meeting of the Board be necessary? Yes No

Do you understand the duties and responsibilities of the Board? Yes No

Signature: _____

Date: _____