

COMMITTEE APPLICATION

195 Christobal Road North
Mary Esther, FL 32569
tel 850-243-3566 fax 850-243-0736



Please type or print clearly. You may attach additional pages, if necessary. This is a public document.

Date:

Committee of interest:

Name:

Education:

Civic affiliations and community activities, including service on other committees:

Describe your understanding of the responsibilities of the committee that you are applying for and how your personal community or professional experience relate to these responsibilities:

Describe why you want to serve on this committee and what you hope to accomplish as a member:

Signature

Date

OFFICE USE ONLY:

Application received: _____
Considered by City Council: _____
If appointed, term ends: _____

Address verified in City Limits (if necessary): By: _____
Appointed: Yes No (Initials)

| Personal information: | | | |
|---|--|------------------------------|-----------------------------|
| Name: | Number of years as a Mary Esther resident: | | |
| Resident address: | City: | State: | Zip: |
| Mailing address (if different): | City: | State: | Zip: |
| Phone: | Email: | | |
| Business address: | City: | State: | Zip: |
| Business phone: | | | |
| How did you hear about this opportunity: <input type="checkbox"/> Local newspaper <input type="checkbox"/> Email <input type="checkbox"/> City website <input type="checkbox"/> Nextdoor <input type="checkbox"/> Facebook <input type="checkbox"/> Other _____ | | | |
| If I am appointed, the City is authorized to post the following information on the city website (please select at least one): | Cellphone: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Business phone: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Home phone: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Email: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |