



**CITY OF RIVIERA BEACH  
APPLICATION FOR ADVISORY BOARD APPOINTMENTS**

**Your Service to our City is Earnestly solicited**

Service on a Board or Committee provides citizens with an opportunity to help shape policy and direction for the City of Riviera Beach. Residents and Business owners and operators are cordially invited to apply for appointment by the City Council to a City Board. **Applications are valid for three (3) years.**

Application is for New Appointment to the Surtax Oversight Citizen Advisory Committee  
(Per Section 112.317 Florida Statutes, Members of Some Boards are required to file a Financial Disclosure Report.)

Please type or print information.

Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Residential Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Business Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

**EDUCATION:**

Name of High School: \_\_\_\_\_ Location: \_\_\_\_\_  
College (if applicable): \_\_\_\_\_ Location: \_\_\_\_\_  
Years Completed: \_\_\_\_\_ Degree: \_\_\_\_\_ Field of Study: \_\_\_\_\_  
Other professional or technical training (Name of school, course name, etc.): \_\_\_\_\_

**EMPLOYMENT:**

Current or Last employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Years of Service: \_\_\_\_\_  
Duties: \_\_\_\_\_

**OTHER QUALIFICATIONS:** Briefly describe below any specific expertise and /or abilities that would pertain to your service on a city board:

**MEMBERSHIP:**

City of Riviera Beach: \_\_\_\_\_ Years in Membership Office Held, If any): \_\_\_\_\_  
Outside of City: \_\_\_\_\_ Years in Membership Office Held, If any): \_\_\_\_\_

**DIVERSITY FACTORS (Voluntary):** Please list any characteristics about yourself or relevant experience concerning diversity and inclusion that may enhance the city's efforts to appoint people of diverse backgrounds to its advisory boards.

**RECOMMENDED BY:** If an organization or municipality, please include name of the entity, contact person and phone number; if an individual(s) provide name and telephone number(s).

Organization Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Organization Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**REFERENCES:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**ACKNOWLEDGEMENT (Check Below):**

- I understand that in accordance with Florida Sunshine Law, this information will be available for public review and I waive any objection to such publication.
- I understand that appointment to any of the positions indicated above is a voluntary service.
- If appointed, I agree to faithfully and fully perform the duties of my office, will make every endeavor to serve my full term, and will comply with all laws or ordinances of the City, County, and State of Florida, particularly those pertaining to the conduct of public office and the financial disclosure requirements, if applicable, to my position.
- I understand, if appointed, an updated application must be submitted to seek appointment to another advisory board.
- I understand that, if appointed, I must take the oath of office prescribed in the Florida Statutes.

Signature of Applicant

Date