

FORM A

APPLICANT'S NAME:



VOLUNTEER ADVISORY BOARD APPLICATION

THIS APPLICATION IS VALID FOR ONLY ONE (1) YEAR FROM THE DATE ENTERED ON PAGE 4.

Thank you for your interest in serving the County of Volusia. Your completion of this application is necessary so that the members of the County Council can thoroughly review each application as part of their consideration for your appointment.

If applying for more than one Board/Commission, **please number in order of preference**. If you have previously submitted an application, **it will be removed from our files** unless you mark the board(s) previously applied for on this application. **Please choose no more than three Boards/Commissions for which you wish to apply.** **You may not serve on more than two (2) boards at one time.**

- AFFORDABLE HOUSING ADVISORY COMMITTEE **** (2)**
- AGRI-BUSINESS INTER-RELATIONSHIP COMMITTEE
- ANIMAL CONTROL ADVISORY BOARD
- BUSINESS INCUBATOR ADVISORY BOARD
- CHILDREN & FAMILIES ADVISORY BOARD
- CODE ENFORCEMENT BOARD *** (1) ** (2)**
- CONTRACTOR LICENSING AND CONSTRUCTION APPEALS BOARD **** (2)**
- CULTURAL COUNCIL
- DAYTONA BEACH RACING & REC. FACILITIES AUTHORITY
- ECHO ADVISORY COMMITTEE
- EDUCATIONAL FACILITIES AUTHORITY **** (2)**
- HALIFAX AREA ADVERTISING AUTHORITY **** (2)**
- HEALTH PLANNING COUNCIL OF NE FLORIDA, INC.
- HISTORIC PRESERVATION BOARD **** (2)**
- HOUSING FINANCE AUTHORITY **** (2)**
- HUMAN SERVICES ADVISORY BOARD
- INDUSTRIAL DEVELOPMENT AUTHORITY **** (2)**
- LIBRARY ADVISORY BOARD
- PERSONNEL BOARD **** (2)**
- PLANNING & LAND DEVELOPMENT REGULATION COMMISSION *** (1) ** (2)**
- SOUTHEAST VOLUSIA ADVERTISING AUTHORITY **(2)**
- SPRING HILL COMMUNITY REDEVELOPMENT AGENCY **** (2)**
- TOURIST DEVELOPMENT COUNCIL
- VALUE ADJUSTMENT BOARD **** (2)**
- VOLUNTEER FIREFIGHTER RETIREMENT ADVISORY BOARD
- VOLUSIA GROWTH MANAGEMENT COMMISSION *** (1) ** (2)**
- WEST VOLUSIA TOURISM ADVERTISING AUTHORITY **** (2)**

- * (1) Requires that appointee fill out a financial disclosure form to be filed with the supervisor of Elections.**
- ** (2) Constitutes a county office. No person may serve on more than one of these boards. No person shall hold at the same time more than one office under the government of the state and the counties and municipalities therein.**

ALL THE ABOVE ARE SUBJECT TO THE SUNSHINE LAW (***) See page 5)

1. **PERSONAL**

Name: Mr. Mrs. Ms.

Residence:

City: State: ZIP:

Mailing Address: (IF DIFFERENT FROM RESIDENCE):

City: State: ZIP:

Home Phone: Business Phone:

Cell Phone:

E-mail Address:

What is your preferred form of communication?

Home Phone Business Phone Cell Phone Email Address

Are you a citizen of the United States? YES NO

Are you a registered Volusia County voter? YES NO

If yes, **check the box to the right of the district number.**

Volusia County (not city) District: 1 2 3 4 5

Do you own homestead property in Volusia County? YES NO

How long have you been a resident of Volusia County?

What is your occupation?

Employer?

Business Address:

Are you currently serving on any other County advisory boards? YES NO

If yes, which board?

You may not serve on more than two (2) boards at one time.

Have you ever served on a County advisory board? YES NO

If yes, when and which board(s)?

Do you serve on any other boards in Florida, or are you an elected or appointed state, county (Volusia County or other county) or municipal ("city") office holder, or a Volusia County employee? YES NO
If yes, please name the board, position, etc.

Have you participated in the Citizen's Academy? YES NO
If yes, please provide your date of graduation:

Have you been convicted (including a withholding of adjudication), pled guilty or pled to a Nolo Contendere (no contest) to a misdemeanor or felony (including a criminal traffic violation)? YES NO

A "YES" answer will not necessarily bar you from serving on an advisory board. The nature, severity, and date of the offense in relation to the position for which you are applying will be considered. If you are not sure or do not remember what happened in a criminal case (s), contact the appropriate county, state, or federal agency so that you can report accurate information on your criminal history. Failure to accurately report this information may result in removal from the board. If yes, please give details. An additional sheet of paper may be used.

2. REFERENCES - Please list three references (business and/or personal)

NAME, ADDRESS AND TELEPHONE NUMBER

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NAME, ADDRESS AND TELEPHONE NUMBER

3. EDUCATION

High School:

Date of Graduation:

College:

Degree:

Date of Graduation:

4. WORK EXPERIENCE

5. INTEREST/ACTIVITIES

6. COMMUNITY INVOLVEMENT

7. WHY DO YOU DESIRE TO SERVE ON THIS/THESE BOARDS?

I understand the responsibilities associated with being a board member, and I have adequate time to serve if appointed.

Requires a criminal background check for which a release must be executed. The release is attached hereto and must be returned with completed application. I acknowledge that all information in the background check will be subject to the Florida Public Records Law.

PLEASE INITIAL

[GO TO NEXT PAGE FOR ADDITIONAL INITIALING AND SIGNATURE]

I have read Resolution No. 2009-101, attached hereto, and understand the policy on compliance with good standing/clean hands with the County of Volusia.

PLEASE INITIAL

Signature

Date

THIS APPLICATION IS VALID FOR ONLY ONE (1) YEAR FROM THE DATE SIGNED ABOVE.

NOTE: If you have questions concerning the duties and responsibility of any of the above Boards/Commissions, please contact the Deputy Clerk whose name and contact information are set forth below, or visit our website at www.volusia.org/countycouncil.

RETURN TO: Marcy Zimmerman, Deputy Clerk
County Manager's Office
123 West Indiana Avenue – Suite 301
DeLand, Florida 32720
e-mail: mzimmerman@volusia.org

PHONE: 386-736-5920 x12398

FAX: 386-822-5707

WEBSITE: www.volusia.org

*****SUNSHINE LAW:** The primary purpose of government in the sunshine law is to assure public access to the decision making processes of public boards and commissions. The sunshine law extends to discussions and deliberations as well as to formal actions taken by boards and commissions.

NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT (TITLE II)

"It is the goal of the County of Volusia to ensure that its programs, services, buildings, employment opportunities, communications, and work environments are accessible to all individuals, and to comply with the requirements of the Americans with Disabilities Act. The county also attempts to make its information and application forms accessible to all individuals. If you require assistance in filling out this form or require this form in an alternative format, please contact George Baker, the County's Title II ADA Coordinator, at (386) 248-1760 to request assistance, an alternative format, or another alternative accommodation."



Use this form ONLY if applying for an advertising authority.
Check off (below) which advertising authority you are apply for.

- HALIFAX AREA ADVERTISING AUTHORITY
SOUTHEAST VOLUSIA ADVERTISING AUTHORITY
WEST VOLUSIA TOURISM ADVERTISING AUTHORITY

PLEASE PUT A CHECK MARK NEXT TO THE AUTHORITY LISTED ABOVE FOR WHICH YOU ARE APPLYING

Please print:

Name: Last First Middle

Other names used (e.g. maiden name, alias):

Current Address:

City/State/Zip:

Current County of Residence:

Previous Address:

Previous City/State/Zip:

Previous County of Residence:

Social Security #: Date of Birth : Race/Gender

By signing below, I authorize the County of Volusia to make Local and National Criminal Background Records/Information check.

I hereby authorize former employers, law enforcement agencies, and other agencies and institutions to release criminal background information to the County of Volusia and release these parties from all liability for any damage whatsoever that may ensue from furnishing such information.

I believe to the best of my knowledge that all information I have provided is accurate, true, and correct and that I fully understand the terms of this release.

Print Name Signature Date

Return via hand delivery or U.S. Mail to:
Marcy Zimmerman, Deputy Clerk
123 West Indiana Avenue, Suite 301
DeLand FL 32720
Or
Fax to: 386-822-5707
If faxed: ORIGINAL must be mailed.
DO NOT email completed form.
For questions, call Marcy Zimmerman at:
Phone 386-736-5920

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RESOLUTION NO. 2009 - 101

A RESOLUTION OF THE COUNTY COUNCIL OF VOLUSIA COUNTY, FLORIDA, ESTABLISHING A POLICY REGARDING PERSONS SERVING ON COUNCIL-APPOINTED ADVISORY BOARDS, AUTHORITIES AND OTHER BOARDS AND COMMITTEES; CREATING A DUTY TO DISCLOSE COMPLIANCE; PROVIDING FOR INTERPRETATION; REPEALING RESOLUTIONS IN CONFLICT THEREWITH; PROVIDING AN EFFECTIVE DATE.

WHEREAS, the Volusia County Council has determined that it is in the best interests of Volusia County and its citizens to ensure that persons serving on council-appointed advisory boards, authorities, and other boards and committees shall be in good standing with the county as hereinafter defined

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COUNCIL OF VOLUSIA COUNTY, FLORIDA, IN OPEN MEETING DULY ASSEMBLED IN THE COUNTY COUNCIL CHAMBERS AT THE THOMAS C. KELLY ADMINISTRATION CENTER, 123 WEST INDIANA AVENUE, DELAND, FLORIDA, THIS 16th DAY OF JULY, 2009, A.D., AS FOLLOWS:

SECTION I. POLICY The Volusia County Council hereby establishes a policy that no person shall be appointed to serve on a council-appointed advisory board, authority, or other board or committee, or be permitted to remain on such board or committee if such person is not in good standing with the county. As used in this Resolution, a person shall be deemed not to be in good standing with the county if such person is an officer, director, person with authority to make representations on behalf of or contractually obligate (except contracted legal counsel), or a significant stakeholder (having ten percent or more equity) in any business entity or organization that has any delinquent or outstanding past due debt to Volusia County, including, but not limited to, property taxes, fees, lease payments, liens, charges for services, assessments, judgments, dishonored checks or drafts, or if such person individually, in partnership, or as a participant in a

1 joint tenancy whether as tenant in common, tenant with right of survivorship or tenancy by the
2 entirety has any delinquent or outstanding past due debt to Volusia County as hereinbefore
3 described for business entities or organizations. Any existing board member shall have a grace
4 period of sixty (60) days to pay any such past due amounts.

5 **SECTION II: DUTY TO DISCLOSE** Every person who serves in any council-appointed
6 position subject to this Resolution or who makes application to serve thereon shall have an
7 affirmative duty to disclose and provide to the county any outstanding past due indebtedness to the
8 county and the identity of the people and entities which constitute the business as set forth in
9 Section I above.

10 **SECTION III: INTERPRETATION** This Resolution, being for public purposes and for the
11 welfare of the citizens of Volusia County, Florida, shall be liberally construed to effect the purposes
12 hereof.

13 **SECTION IV: REPEAL OF CONFLICTING RESOLUTIONS** Any resolution which is in
14 conflict with this Resolution is hereby repealed.

15 **SECTION V: EFFECTIVE DATE** This Resolution shall become effective as of July 16,
16 2009.

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18 **DONE AND ORDERED IN OPEN MEETING.**

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TEST:
[Signature]
James T. Dinneen
County Manager

**COUNTY COUNCIL
COUNTY OF VOLUSIA, FLORIDA**

[Signature]
Frank T. Bruno, Jr.
County Chair