



CITY OF TAMARAC APPLICATION FOR BOARD/COMMITTEE 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 Tamarac. Tamarac residents are cordially invited to apply for appointment by the City Commission to a Board or Committee.

Please check Boards/Committees for which you wish to be considered:

- | | |
|---|---|
| <input type="checkbox"/> City Commission * ** | <input type="checkbox"/> Code Enforcement Board * |
| <input type="checkbox"/> Insurance Advisory Board | <input type="checkbox"/> Investment Advisory Committee |
| <input type="checkbox"/> Parks and Recreation Board | <input type="checkbox"/> Pension Board – Firefighters * |
| <input type="checkbox"/> Pension Board – Police * | <input type="checkbox"/> Planning Board * |
| <input type="checkbox"/> Public Information Committee | <input type="checkbox"/> Social Services Board |
| <input type="checkbox"/> Veterans Affairs Committee | |

Application is for: Reappointment New appointment

***Members of Boards/Committees indicated with (*) are required to file Financial Disclosure Reports.**

** City Commission appointments will be made by the City Commission upon resignation, death or removal of an elected member. An appointed member to the City Commission serves until the next General Municipal Election or the expiration of the term, whichever comes first.

PERSONAL:

Name: _____ Telephone Number: () _____

Home Address: _____ Zip Code: _____

E-Mail Address: _____

Development/Section Name and Number: _____

Commission District Number: _____ Voting Precinct Number: _____

EDUCATION:

Name and location of High School: _____

College (if appropriate): _____

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 the specific expertise and/or abilities which you can contribute to the City: _____

MEMBERSHIPS:

Completion of this section is optional. The information will be helpful to the press if you are appointed; however, it is not a prime factor in making appointments.

Tamarac Organization

Years Member

Office Held (if any)

Outside City

ACKNOWLEDGMENT

I understand that in accordance with the Florida Sunshine Law, this information will be posted 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, not compensated, except for a monthly salary per the Charter to City Commission members.

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 further agree to take the statutory oath. I understand that if appointed, I must take the oath of office prescribed in the Florida Statutes.

Section 2-56 of the Tamarac Code provides each member of a board, committee or commission of the City of Tamarac shall be a resident of the city. Failure to be a resident of the city shall result in forfeiture of the position on the board, committee or commission. This section does not apply to staff who have been appointed to a board, committee or commission as part of their work responsibilities. The city commission may waive the requirements of this section.

Signature of Applicant

Date

**PLEASE RETURN THIS APPLICATION TO THE CITY CLERK'S OFFICE FOR PROCESSING.
City of Tamarac, 7525 Northwest 88 Avenue, Tamarac, FL 33321-2401 (954) 597-3505**

NAME: _____

DATE: _____

**APPLICANT TRAINING AND EXPERIENCE
POLICE AND FIREFIGHTER'S PENSION BOARDS OF TRUSTEES**

Please describe your experience in managing an investment portfolio and/or hiring and overseeing investment managers to include number of years experience in each area.

Please describe your experience in the insurance and/or money management industries to include number of years experience in each area.

Please describe the amount and type of experience you possess in administering a pension or retirement plan.

List any education and training you have in the above areas:

Are you able to meet during a weekday once a month?	Yes	No
Are you able to attend training seminars once or twice yearly for 2 or 3 days each?	Yes	No
Are you willing to complete and submit State-required financial disclosure forms?	Yes	No