



CITY OF TAMARAC APPLICATION FOR BOARD AND COMMITTEE APPOINTMENTS

Service on an advisory Board or Committee provides citizens with an opportunity to help shape future policy and strategic direction for the City of Tamarac. Tamarac residents are cordially invited to apply for appointment by the City Commission to a Board or Committee. Advisory board and committee members are voluntary positions and serve without benefit of compensation.

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

- Pension Board – Firefighters *
- Pension Board – Police *
- NRE Retirement Plan Board*

Application is for: Reappointment New appointment

PERSONAL:

Name: _____ Telephone Number: (____) _____

Home Address: _____ Zip Code: _____

Length of Residence in Tamarac (If applicable) _____ Years _____ Months

Length of Time as Business Person in Tamarac (If applicable) _____ Years _____ Months

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 most recent employer: _____

Address: _____

Position: _____ Years of Service: _____

Duties: _____

OTHER QUALIFICATIONS:

Please provide a brief statement outlining why you wish to potentially serve on the applicable advisory boards and/or committees selected. In addition, please feel free to attach a copy of your resume or vita (optional): _____

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 of Tamarac

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, with no compensation or benefits.

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 of Tamarac, Broward County and the State of Florida, particularly those pertaining to the conduct of public office and related financial disclosure requirements, if applicable to my position. I further agree to take the applicable 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 or committee 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 or committee. This section does not apply to staff appointed to a board, committee or commission as part of their work responsibilities. At their discretion, the Tamarac 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**

ADDENDUM TO ADVISORY BOARD AND COMMITTEE APPLICATION FORM

Applicant Name: _____

1 Do you have any relatives presently employed by the City of Tamarac? _____

If yes, please state names and City departments/divisions: _____

2 Are you aware of any potential conflict of interest that may arise from your serving on City of Tamarac advisory boards and committees? ____ If yes, please explain:

3 Do you presently have monies owed to the City of Tamarac which are delinquent? If yes, please explain: _____

4 Do you have any pending code violations relative to property owned by you within The City of Tamarac? If yes, please explain: _____

5 Do you have any existing violations relative to other City codes? _____

If yes, please list: _____

NAME: _____

DATE: _____

APPLICANT TRAINING AND EXPERIENCE

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 |