



"DEDICATED TO QUALITY SERVICE"

ADVISORY BOARD APPLICATION

The City of Stuart recognizes that citizen participation is vital to a customer-oriented government. The City also recognizes the unique contributions made by volunteers and encourages involvement in the policy-making process through service as an Advisory Board member.

Please read the Important Information section on the reverse side, then sign, date and submit.

Please note optional questions are marked with a (*)

I am applying for membership on the _____ Advisory Board

Name: _____ Home Phone: _____

Home Address: _____ City: _____ Zip Code: _____

Mailing Address: _____ City: _____ Zip Code: _____

Home Fax No: _____ Home E-mail : _____

Are you currently a City of Stuart resident? _____ If so, for how long? _____

*Are you registered to vote in Martin County? _____ Gender: Male _____ Female _____

Occupation: _____ Title: _____

Name of Business: _____ Business Phone: _____

Business Address: _____ Zip Code : _____

Business Fax: _____ Business E-mail: _____

Are you currently serving on any City of Stuart Advisory Board(s)? _____

If yes, please name: _____

Please state your background, including your education and work experience; explain how this applies to the function of the Advisory Board:

List any of your professional credentials, licenses, or certificates that would be useful to this Advisory Board: _____

List any membership(s) in civic or community organizations: _____

Why do you want to serve on this Advisory Board?

*The City of Stuart Commission strives to ensure equal opportunity for disabled persons and minorities to serve on Advisory Boards. If this applies to you, please indicate below: (Optional)

I understand the responsibilities associated with being a member of a City of Stuart Advisory Board(s) and I agree to commit the necessary time to fulfill these responsibilities. Applicants are encouraged to attend an Advisory Board meeting prior to seeking membership to better understand the scope of Advisory Board members.

Important Information/Be Advised that:

1. Membership on certain Advisory Board may have specific membership requirements, involving a financial disclosure, and/or require the submission of other information.
2. This Advisory Council Application Form, when completed and filed with the City, is a Public Record under Chapter 119, Florida Statutes, and therefore is open to public inspection.
3. Resumes may be included, but the Advisory Board Application MUST be completed and signed in order to be considered; use additional pages if necessary. The applicant is responsible for keeping the information on the application current.
4. Members shall faithfully attend and participate in meetings of the board. Any member who fails to attend three successive board meetings shall be deemed to have resigned from the board, and a vacancy shall be deemed to exist.

Applicant's Signature _____ Date _____

Thank you for your interest in City of Stuart Government. If you have any questions regarding the completion and submission of this application, or the duties and scope of responsibilities of the specific Advisory Board, please contact the City Clerk, at 772-288-5306.

You may deliver this form in person or mail to City of Stuart, 121 SW Flagler Avenue Stuart, Florida 34994, ATTN: City Clerk.