



CITY OF BROOKSVILLE

Application for Volunteer Board Positions

201 Howell Avenue
Brooksville, Florida 34601-2041
Telephone: (352) 540-3810
Facsimile: (352) 544-5424

☐ **New Application**

☐ **Re-application**

- ☐ **Beautification Board** (4 year terms – 7 members)
- ☐ **Brooksville Housing Authority** (4 year terms – 7 members)
- ☐ **CDBG Citizen's Advisory Task Force** (4 year terms – 5 members & 1 alternate)
- ☐ **Cemetery Advisory Committee** (4 year terms – 7 members – city residency or documented tie to Cemetery)
- ☐ **Firefighters Pension Trust Fund Board of Trustees*** (2 year terms – 5 members)
- ☐ **Good Neighbor Trail** (Non-Expiring Terms – 10 members)
- ☐ **Parks & Recreation Advisory Board** (4 year terms – 7 members & 2 alternates)
- ☐ **Planning & Zoning Commission*** (4 year terms – 5 members & 2 alternates)
- ☐ **Police Officers Pension Trust Fund Board of Trustees*** (2 year terms – 5 members)
- ☐ **Screening Committee** (1 year Terms – 5 members)
- ☐ **Other:** Beautification Board Student Representative (1 year term)

Name: _____
(Last) (First) (Middle)

Address: _____

Mailing Address (if different): _____

Business Address: _____

Occupation: _____

Business Phone: _____ **Home Phone:** _____

Email address: _____

Do you reside within the City limits? ☐ Yes ☐ No

Are you a Registered Voter in Hernando County? ☐ Yes ☐ No **Voter ID #** _____

Please rank your board preference(s):

1. _____
2. _____
3. _____

* These positions require City Residency and that a Financial Disclosure Statement be filed with the Supervisor of Elections Office within 30 days of appointment and then subsequently on a yearly basis.

Have you ever served on a volunteer board or in a volunteer capacity with the City of Brooksville before? ☐ Yes ☐ No **If yes, please indicate name of board and dates of service:** _____

Why would you like to serve on this board? _____

What special skills would you bring to this position? _____

List fields of work experience: _____

List any licenses and/or degrees (location & year): _____

Local References (Please list three (3)):

1. _____
2. _____
3. _____

Would you have a problem with the meeting dates and times for the board/agency?

☐ Yes ☐ No

If yes, please explain: _____

Signed: _____ **Date:** _____

SCHEDULE OF BOARD MEETINGS

[Note – Balance of Boards meet quarterly or as needed]

BEAUTIFICATION BOARD	2 nd TUES of each MONTH (except July & August – 5:00 PM in Council Chambers
BROOKSVILLE HOUSING AUTHORITY	3 rd TUES of each MONTH – 5:00 PM in Council Chambers
PLANNING & ZONING COMMISSION	2 nd WED of each MONTH – 5:30 PM in Council Chambers

**CITY OF BROOKSVILLE
ADVISORY BOARD MEMBER APPLICATION**

**AUTHORIZATION FOR CRIMINAL BACKGROUND HISTORY INFORMATION
AND
BACKGROUND/REFERENCE CHECK**

Acknowledgments

1. Accuracy of Information. I certify that the information provided in my Board application with the City of Brooksville is correct to the best of my knowledge.

2. Information Release. I authorize the City of Brooksville to contact any company, institution, or individual it deems appropriate to investigate my criminal background history, character, qualifications, or related information. I give my full consent for all contacted persons to provide the information concerning this application. Further, I waive my right to bring a claim against these individuals for any damages arising from furnishing the requested information to the City of Brooksville. I also release the City of Brooksville from all liability that might result from checking such references.

Signature

Date

**THE FOLLOWING INFORMATION IS NEEDED FOR THE CITY TO PERFORM A
CRIMINAL BACKGROUND HISTORY:**

Applicant: _____
Last First Middle

Date of Birth: _____ **SSN:** _____

Race: (Circle One) African American Alaskan Native American Indian
Asian Caucasian Hispanic
Unknown Other: _____

Gender: (Circle One) Female Male

NOTE: This information will be kept in a separate file and is not a part of your appointment application.

Please remove my application from consideration. _____
(Please Initial)

GENERAL INFORMATION

SUNSHINE AMENDMENT/CODE OF ETHICS:

All Volunteer Advisory Board/Committee Appointees are governed by and subject to the Florida Sunshine Law, which includes the Public Records Law and Code of Ethics.

[Ref. Sec. 24, Art I, F. C., Sec. 286.011, F.S., Chap. 119, F.S. and Chap. 112 - Part III, F.S., respectively]

FORM 1 – STATEMENT OF FINANCIAL INTERESTS:

Persons required to file FORM 1 include all local officers. A local officer is defined as any appointed member of a board, excluding any member of a solely advisory body. However, a governmental body with land-planning, zoning or natural resources responsibilities shall not be considered an advisory body and, therefore, would be required to file.

Within 30 days from the date of appointment and subsequently no later than July 1 of each year thereafter, a local officer shall file a statement of financial interests with the Hernando County Supervisor of Elections. Additionally, within 60 days of leaving the position, unless you take another "reporting position" within that period of time you are required to file a Form 1F with the Hernando County Supervisor of Elections

[Ref. Sec. 112.3145, F.S.]

REPORTING REQUIREMENTS AND PROHIBITED RECEIPT OF GIFTS; SOLICITATION AND DISCLOSURE OF GIFTS FROM GOVERNMENTAL ENTITIES, DIRECT SUPPORT ORGANIZATIONS AND HONORARIUM RELATED EXPENSES:

Certain instances require disclosure of gift and honoraria. For a full detail of requirements, please review the **GIFT LAW** as identified in Florida Statutes or contact the City Attorney for specifics.

[Ref. Secs. 112.3148 & 49, F.S.]

NOTE:

Forms which may be required to be filed by a local officer are as referenced in Florida Commission on Ethics "**GUIDE TO THE SUNSHINE AMENDMENT AND CODE OF ETHICS FOR PUBLIC OFFICERS AND EMPLOYEES**" booklet, as published annually and on file in the Office of the City Clerk or online at the Florida Commission on Ethics at www.ethics.state.fl.us under the tab entitled Publications and/or Forms.