

**Post Office Box 518 386-649-4902**

**1775 Highway 17**

**Pomona Park, FL 32181-0518** townclerk@pomonapark.com

**REQUEST TO BE APPOINTED TO THE POMONA PARK TOWN COUNCIL**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you live within the Pomona Park Town limits? (*Circle one)* YES NO**

**Professional Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**List any civic or volunteer organizations that you are affiliated with:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

When are you **NOT** available for meetings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ELIGIBILITY REQUIREMENTS:**

1) Must be 18 or older

2) Must reside within the Pomona Park Town limits

3) Must be a registered voter in Putnam County

4) Must present a resume along with this application

*By my signature below, I certify that the information on this application is true and complete. I understand that false statements are cause for denial of appointment. I understand that if appointed, within thirty (30) days, I must electronically file with the State of Florida Ethics Commission a financial disclosure form (****Form 1****), and annually thereafter by July 1st, during my term. I also understand that within 60 days of resigning from the Council, I must file* ***Form 1 F****.*

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Signature Date