



BOARD OF COUNTY COMMISSIONERS APPLICATION FOR BOARD OR COMMITTEE APPOINTMENT

Thank you for expressing interest to be considered for appointment to a committee, board, commission, or advisory group of the Columbia County Board of County Commissioners. The County Commission appreciates your willingness to serve your County in a volunteer capacity. Please complete this application to the best of your knowledge. You may attach a resume and any additional information you believe would assist the Board in evaluating your application.

Name: _____ District #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ E-mail Address: _____

How long have you resided in Columbia County? _____

Name your most recent occupation and employer: _____

Are you registered to vote in Columbia County? Yes. No.

List all active professional licenses or certifications you hold: _____

Please summarize your educational background: _____

Please summarize your work experience: _____

Please list civic clubs, professional organizations, public interest groups and other not-for-profit organizations of which you are a member or in which you have been active in the last three years, particularly those in Columbia County.

1. _____
2. _____
3. _____
4. _____

Other than your home, please list and indicate the acreage of any parcels of property in Columbia County in which you have any ownership interest:

Please list all corporate entities doing business in or with Columbia County in which you have any financial interest, including but not limited to ownership, employment, or any contractual relationship:

Please indicate in order of preference the committee, board, or council in which you have an interest*:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

* Applicants may be appointed to no more than one board at any given time.

List three (3) personal or professional references:

- 1. _____
- 2. _____
- 3. _____

You may use this space for a brief biographical sketch or to list other skills you possess that you believe are relevant to the appointment you are seeking. Please indicate in the space below if you have attached your resume or any other supporting documents.

NOTICE:

Florida has very broad public records laws. All information provided with this application shall become a matter of public record upon submission, and will be open to public inspection. If you require special accommodations because of a disability to participate in the application/selection process, please notify the Board of County Commissioners in advance to allow for your reasonable accommodation. This application will be active for one year, after which time you must notify the Board of County Commissioners of your wish to remain an active applicant. You may be required to update any application more than one year old.

ACKNOWLEDGMENT AND CERTIFICATION

I hereby acknowledge that Columbia County or its representatives may verify any information provided herein. I further authorize the release of any information by those in possession of such information, which may be requested by the County. I certify that all information provided herein is true and accurate to the best of my knowledge. I understand that a volunteer position provides for no compensation except that as may be provided by Florida Statutes or other enabling legislation. If appointed, I understand that I shall serve at all times at the pleasure of the Board of County Commissioners.

Signature

Date

**Please return completed application to:
Columbia County Board of County Commissioners
Attn: Human Resources
PO Box 1529
Lake City, FL 32084
Phone: (386) 755-4100
Fax: (386) 758-2182**

| |
|------------------------|
| FOR OFFICIAL USE ONLY: |
| _____ Received by |
| _____ Date received |

Thank you for your interest!