

APPLICATION FOR APPOINTMENT TO DISTRICT 6 BOARD OF SUPERVISORS

PLEASE PRINT OR TYPE

APPLICANT NAME: _____ EMAIL: _____

ADDRESS: _____ PHONE # _____

CITY: _____ ZIP CODE: _____ CELL/BUSINESS# _____

OCCUPATION: _____ PREVIOUS OCCUPATION: _____

HOW LONG HAVE YOU LIVED IN THE VILLAGES? _____

REFERENCES: (PLEASE DO NOT USE CDD BOARD MEMBERS)

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

PLEASE ADD ADDITIONAL SHEETS AS NECESSARY

HAVE YOU ATTENDED THE COMMUNITY DEVELOPMENT DISTRICT ORIENTATION SEMINAR?

WHAT PRESENT/PREVIOUS WORK EXPERIENCE DO YOU HAVE WHICH RELATES TO DISTRICT 6 RESPONSIBILITIES?

WHAT PRESENT/PREVIOUS VOLUNTEER EXPERIENCES DO YOU HAVE WHICH RELATES TO DISTRICT 6 RESPONSIBILITIES?

WHAT SPECIAL CONTRIBUTIONS DO YOU BELIEVE YOU CAN BRING TO DISTRICT 6?

WHY DO YOU WANT TO SERVE ON THE DISTRICT 6 BOARD?

HAVE YOU ATTENDED ANY DISTRICT 6 BOARD MEETINGS?

LIST GOVERNMENT BOARDS (OR COUNCILS) ON WHICH YOU HAVE PREVIOUSLY SERVED.

PLEASE RETURN COMPLETED FORM NO LATER THAN **Tuesday, January 9, 2024 at 5 PM** TO THE DISTRICT OFFICE, ATTENTION: JENNIFER FARLOW, 984 OLD MILL RUN, THE VILLAGES, FLORIDA 32162. PLEASE CALL MS. FARLOW AT 352-751-3939 IF YOU HAVE ANY QUESTIONS REGARDING YOUR APPLICATION.

IMPORTANT LEGAL REQUIREMENTS FOR DISTRICT 6 BOARD OF SUPERVISORS

AS A MEMBER OF DISTRICT 6 BOARD OF SUPERVISORS, YOU WILL BE OBLIGATED TO FOLLOW ANY APPLICABLE LAWS REGARDING GOVERNMENT-IN-SUNSHINE, CODE OF ETHICS FOR PUBLIC OFFICERS AND PUBLIC RECORDS DISCLOSURE. TRAINING IN THESE AREAS WILL BE PROVIDED BY THE DISTRICT.

SIGN: _____ DATED: _____

PRINT: _____ RECEIVED BY CLERK: _____