

## APPLICATION FOR APPOINTMENT - VCDD NO. 1 BOARD OF SUPERVISORS

**PLEASE PRINT OR TYPE**

APPLICANT NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ CELL/BUSINESS# \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ PREVIOUS OCCUPATION: \_\_\_\_\_

HOW LONG HAVE YOU LIVED IN THE VILLAGES? \_\_\_\_\_

REFERENCES: (PLEASE DO NOT USE A VCDD NO. 1 BOARD SUPERVISOR AS A REFERENCE)  
NAME ADDRESS PHONE

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

### APPLICANTS ARE ENCOURAGED TO SUBMIT ADDITIONAL SHEETS AS NECESSARY

HAVE YOU ENGAGED WITH YOUR DISTRICT GOVERNMENT BY ATTENDING:  
BOARD MEETINGS OR WORKSHOPS?  
CDD ORIENTATION? (DATE)  
RESIDENT ACADEMY? (DATE)

PROVIDE YOUR KNOWLEDGE, SKILLS AND ABILITIES, AS IT RELATES TO YOUR SERVICE AS A BOARD SUPERVISOR:

PROVIDE DETAILS OF HOW YOU WOULD EMBODY THE DISTRICT'S CORE VALUES OF STEWARDSHIP, HARDWORK, HOSPITALITY AND CREATIVITY AND INNOVATION.

EXPLAIN HOW YOUR PRIOR SERVICE ON A GOVERNMENT BOARD, COUNCIL OR COMMITTEE HAS PREPARED YOU TO SERVE AS A VCDD NO. 1 BOARD SUPERVISOR.

IF YOU DO NOT HAVE PRIOR EXPERIENCE AS AN ELECTED OFFICIAL, PLEASE EXPLAIN HOW YOU WOULD ANTICIPATE INTERACTING WITH THE VCDD NO. 1 BOARD OF SUPERVISORS.

IS THERE ANYTHING IN YOUR PERSONAL OR PROFESSIONAL LIFE THAT MIGHT BE CONSIDERED CONTROVERSIAL, IF YOU WERE APPOINTED TO SERVE AS A VCDD NO. 1 BOARD SUPERVISOR?

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PLEASE RETURN COMPLETED FORM NO LATER THAN **TUESDAY, JUNE 3, 2025 at 5:00 P.M.** TO THE DISTRICT OFFICE, ATTENTION: JENNIFER FARLOW, 3571 KIESSEL ROAD, THE VILLAGES, FLORIDA 32162. PLEASE CALL MS. FARLOW AT 751-3939 IF YOU HAVE ANY QUESTIONS REGARDING YOUR APPLICATION.

### **IMPORTANT LEGAL REQUIREMENTS FOR VCDD NO. 1 BOARD OF SUPERVISORS**

AS A MEMBER OF THE VCDD NO. 1 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: \_\_\_\_\_