

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?

PLEASE RETURN COMPLETED FORM NO LATER THAN **TUESDAY, DECEMBER 29, 2026 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: _____