

APPLICATION FOR APPOINTMENT - VCDD NO. 14 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. 14 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. 14 BOARD SUPERVISOR.

IF YOU DO NOT HAVE PRIOR EXPERIENCE AS AN ELECTED OFFICIAL, PLEASE EXPLAIN HOW YOU WOULD ANTICIPATE INTERACTING WITH THE VCDD NO. 14 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. 14 BOARD SUPERVISOR?

PLEASE RETURN COMPLETED FORM NO LATER THAN MONDAY, **DECEMBER 28, 2026 at 5:00 P.M.** TO THE DISTRICT OFFICE, ATTENTION: JENNIFER FARLOW, DISTRICT CLERK, 3571 KIESSEL ROAD, THE VILLAGES, FLORIDA 32163. PLEASE CALL MS. FARLOW AT 751-3939 IF YOU HAVE ANY QUESTIONS REGARDING YOUR APPLICATION.

IMPORTANT LEGAL REQUIREMENTS FOR VCDD NO. 14 BOARD OF SUPERVISORS

AS A MEMBER OF THE VCDD NO. 14 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: _____