



**VOLUNTEER ADVISORY BOARD AND COMMITTEE APPLICATION**  
*(Please fill out form completely)*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physical address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Best Contact Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

# of years as a City resident or City Business owner: \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_

Are you registered to vote in Flagler County? Yes \_\_\_\_\_ No \_\_\_\_\_

**Board/Committee/Task Force applying for:**

- Citizens Advisory Task Force                       Planning, Zoning & Appeals Board  
 Code Enforcement Board  
 \_\_\_\_\_

**Please describe your professional and/or volunteer experience or background which best qualifies you for selection to this board/committee:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# of City Commission or Volunteer Board meetings attended in the last 2 years? \_\_\_\_\_

Have you ever served on a City advisory board/committee in the past? \_\_\_\_\_

If yes, please list board/committee and years served: \_\_\_\_\_  
\_\_\_\_\_

**I hereby acknowledge I understand the responsibilities associated with being a Board member and I have adequate time to serve as a Board member. I will become familiar with and abide by the Florida Sunshine Law, and I understand all my comments as a Board member are a matter of public record. If appointed for membership to the Code Enforcement Board or Planning, Zoning and Appeals Board, I understand I shall file a limited financial disclosure each year and that filing late may result in a fine.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please return this application to the City Clerk, PO Box 756, Bunnell, FL 32110,  
Fax 386-437-7503, email [kbates@bunnellcity.us](mailto:kbates@bunnellcity.us), or in person at 201 W. Moody Blvd.**