

VOLUNTEER BOARD OR COMMITTEE APPLICATION

(Please fill out form completely)

Name:	
Physical address (home or business if business owner):	
Mailing address:	
Best Contact Phone #:	
E-Mail:	
Occupation:	
Are you registered to vote in the City of Bunnell' # of years a City resident: I: Own	
# of years Bunnell Business owner: My Business is in the City Yes No No I Own Rent the property where my busin	ness is located.
Board/Committee/Task Force applying for: [] Citizens Advisory Task Force [] Pl [] Code Enforcement Board []	anning, Zoning & Appeals Board
Please describe your professional and/or volun which best qualifies you for selection to this ad	visory committee:
I have attended City meetings (Commis last 2 years	sion &/or Volunteer Board) in the
Have you ever served on a Bunnell board/comm If yes, please list the board/committee and the ye	•
hereby acknowledge I understand the responsibilities ass have adequate time to serve as a Board member. I will bed Sunshine Law, and I understand all my comments as a Bo if appointed for membership to the Code Enforcement Boa understand I shall file a limited financial disclosure each y	come familiar with and abide by the Florida pard member are a matter of public record rd or Planning, Zoning and Appeals Board
Signature:	Date: