

Board and Committee Membership Application

City of New Port Richey
5919 Main Street
New Port Richey, FL 34652
(727) 853-1016
www.citynpr.org



Applicant Information

Name _____
Street Address _____
City, State, Zip _____
Home Phone _____
Alternate Phone _____
E-Mail Address _____
(attach copy of DL for residency verification)

Boards and Committees

Please describe why you are interested in serving on a board or committee for the City of New Port Richey:

Please choose which board or committee you are interested in serving on:

- Cultural Affairs Committee (meets on the third Wednesday of each month)
- Environmental Committee (meets on the second Monday of each month)
- Firefighters Pension Board (meets on a quarterly basis)
- Flood Risk and Preparedness Public Information Committee (to be determined)
- Historic Preservation Board (to be determined)
- Land Development Review Board (meets on the fourth Thursday of the month)
- Library Advisory Board (meets on the fourth Monday of the month)
- Parks and Recreation Advisory Board (meets on the second Tuesday of the month)
- Police Pension Board (meets on the fourth Tuesday of the month)

Have you attended any meetings of the board or committee on which you want to serve?

Yes No If yes, how many have you attended? _____

Previous Board or Committee Experience

Have you ever served on a board or committee with any governmental unit? If so, please describe:

Previous Volunteer or Community Service Experience

Summarize your previous volunteer or community service experience.

Special Skills, Interests and/or Qualifications

Summarize special skills, interests and/or qualifications you possess which you feel would be beneficial to the board or committee you are applying for membership to.

Employment/Experience

Job Title:

Employer:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

County:

Work Phone:

Professional licenses held:

Previous employment or experience:

Memberships in professional, civic organizations or government boards or committees:

Personal References

Please provide three (3) references other than relatives. List name, phone number and relationship to you.

Name (printed)	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Eligibility Verification

To serve on the majority of the City's Boards or Committees you must either be a current resident of the city or own a business within the city limits, and a current registered voter. The qualifications to serve on the Flood Risk and Preparedness Public Information Committee and Historic Preservation Board are outlined in their specific ordinance located at https://library.municode.com/fl/new_port_richey/codes/code_of_ordinances. Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> I currently live within the city limits. | <input type="checkbox"/> I own a business within the city limits (attach copy of voter identification card) |
| <input type="checkbox"/> I am a registered voter in Florida | <input type="checkbox"/> I meet the qualifications to serve on the Historic Preservation Board |
| <input type="checkbox"/> I meet the qualifications to serve on the Flood Risk and Preparedness Public Information Committee | |

Have you ever been convicted, pleaded guilty or no lo contendere to any criminal offense? (A yes answer to the above question does not automatically preclude you from being considered. The circumstances, timeframe and relevant factors are considered on an individual basis.)

___ Yes ___ No

If yes, please explain (including date):

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a Board or Committee member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed) _____
Signature _____
Date _____

Selection Process

Once your application has been reviewed and your eligibility to serve has been verified, you will be contacted by the City Clerk to appear at an upcoming City Council meeting so that Council may address any questions they may have regarding your application.

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us. Please return the completed form back to Judy Meyers, City Clerk, City of New Port Richey, 5919 Main Street, New Port Richey, Florida, 34652. You may also send it via e-mail to meyersj@cityofnewportrichey.org. If you have any questions or need any further information please contact the City Clerk's Office at (727) 853-1021.

FOR INTERNAL USE ONLY:

Date Application Received: _____

Type of Application: New Member Renewal