

APPLICATION FOR APPOINTMENT TO DISTRICT 5 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 CDD BOARD MEMBERS)

| | <u>NAME</u> | <u>ADDRESS</u> | <u>PHONE</u> |
|----|-------------|----------------|--------------|
| 1) | _____ | _____ | _____ |
| 2) | _____ | _____ | _____ |
| 3) | _____ | _____ | _____ |

PLEASE ADD ADDITIONAL SHEETS AS NECESSARY

HAVE YOU ATTENDED THE COMMUNITY DEVELOPMENT DISTRICT ORIENTATION SEMINAR?

WHAT PRESENT/PREVIOUS WORK EXPERIENCE DO YOU HAVE WHICH RELATES TO DISTRICT 5 RESPONSIBILITIES?

WHAT PRESENT/PREVIOUS VOLUNTEER EXPERIENCES DO YOU HAVE WHICH RELATES TO DISTRICT 5 RESPONSIBILITIES?

WHAT SPECIAL CONTRIBUTIONS DO YOU BELIEVE YOU CAN BRING TO DISTRICT 5?

WHY DO YOU WANT TO SERVE ON THE DISTRICT 5 BOARD?

HAVE YOU ATTENDED ANY DISTRICT 5 BOARD MEETINGS?

LIST GOVERNMENT BOARDS (OR COUNCILS) ON WHICH YOU HAVE PREVIOUSLY SERVED.

PLEASE RETURN COMPLETED FORM NO LATER THAN **Tuesday, October 11, 2022 at 5:00 p.m.** TO THE DISTRICT OFFICE, ATTENTION: JENNIFER FARLOW, 984 OLD MILL RUN, THE VILLAGES, FLORIDA 32162. PLEASE CALL MS. FARLOW AT (352) 751-3939. IF YOU HAVE ANY QUESTIONS REGARDING YOUR APPLICATION.

IMPORTANT LEGAL REQUIREMENTS FOR DISTRICT 5 BOARD OF SUPERVISORS

AS A MEMBER OF DISTRICT 5 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: _____