



**CITY OF COOPER CITY
CITIZENS RESOURCE SHEET**

Please indicate the Board(s) for which you wish to be considered:

- | | | |
|---|--|---|
| <input type="checkbox"/> Business Advisory Board | <input type="checkbox"/> General Employees Pension Board | <input checked="" type="checkbox"/> Mental Health & Wellness Advisory Board |
| <input type="checkbox"/> Charter Review Board | <input type="checkbox"/> Green Advisory Board | <input type="checkbox"/> Recreation Advisory Board |
| <input type="checkbox"/> Education Advisory Board | <input type="checkbox"/> Planning & Zoning Board | <input type="checkbox"/> Senior Advisory Board |
| <input type="checkbox"/> Firefighters Pension Board | <input type="checkbox"/> Police Pension Board | <input type="checkbox"/> Finance Review Advisory Board |

Please choose one:

- I wish to be considered by Commissioner Pulcini (please write in name)
- I wish to be considered by any member of the Commission

Date: 07.07.22

Name: Robert Sands Email Address: sandswrites@gmail.com

Home Address: 10582 Grove Place Cooper City, FL 33328

Cell #: 954-260-3826 Work #: n/a Home #: n/a

Length of Residence in Cooper City 20 Years ____ Months

Length of Time as Business Person in Cooper City ____ Years ____ Months

QUALIFICATIONS:

Please provide a brief statement outlining why you wish to serve on the applicable boards and/or committees selected. In addition, please attach copy of your resume or vita (optional): _____

Pastor of Community Bible Church in Dania Beach

Certified Grief Recovery Specialist

Experience in Board Subject:

Related Work or Civic Affiliation: Past Board Member/Speaker, FL Initiative for Suicide Prevention

College (if appropriate): _____

Field of Study: _____

Other professional or technical training (Name of school, course name, etc.): _____

DISCLOSURES:

1. Are you or any of your relatives presently employed by the City of Cooper City? no If yes, please state names and City departments/divisions: _____

2. Are you aware of any potential conflict of interest that may arise from your serving on City of Cooper City boards and committees? no If yes, please explain: _____

3. Do you have any unpaid or delinquent accounts, water bills, etc. owed to the City of Cooper City? no If yes, please list: _____

4. If you own property in the City of Cooper City, do you have any pending code violations and/or unpaid code fines related to such property? no If yes, please list: _____

5. Is there any other information that you would like to disclose in connection with this application? _____
If yes, please do so here: _____

Please affirm and acknowledge that you understand and agree to the following (mark each box):

I understand that in accordance with Florida Sunshine Law, this information becomes public record and may be subject to public review.

If appointed, I agree to faithfully and fully perform the duties of my appointment, will make every endeavor to serve my full term, and will comply with all laws and ordinances of the City of Cooper City, Broward County and the State of Florida, particularly those pertaining to the standards of conduct for public officers and related financial disclosure requirements, if applicable. I further agree to take the applicable statutory oath. I understand that if appointed, I must take the oath of office prescribed in the Florida Statutes.

Misrepresentation of any information or qualifications given on this application may cause automatic removal from any board/committee.

Signature: Robert W. Sands Date: 07.07.22