

BOARD/COMMITTEE APPOINTMENT INFORMATION

Board (s) or Committee(s) Desired:		1)	
		2)	
Name:			
	(Last)	(First)	(Middle)
Address:	(Home)		
	(Mailing)		
	(Office)		
Phone: (Home/Cell)		(Office)	
(Email)		(Fax)	
Employer:			
Position:		Years/Months:	

Please answer the following:

Are you a city of Winter Haven resident?	Yes	No
Are you a registered voter?	Yes	No
Do you own property in Winter Haven?	Yes	No
Are you currently serving on a City Board/Committee?	Yes	No
Have you ever served on a City Board/Committee?	Yes	No
• If yes, when and which Board(s)/Committee(s)?		
Are you a City employee?	Yes	No

Check (✓) one:

Years/Months:

How long have you lived in Winter Haven?

Please state your reason for wanting to serve on a City Board(s)/Committee(s):

Describe your back seek appointment?	ground and qualifications for the Board(s)/Committee(s) to which you
	ential conflicts, which would make it diffic stions, which come before the Board(s ?:	• •
REFERENCES:		
Name	Address	Phone
requirement to all new and inc	nits the City of Winter Haven to apply a conditioned security-cri cumbent City appointees provided an ordinance and not mere pol owed level 2 background security checks and employment screenin	icy is in place. Florida Statute 435.04 sets forth
1). Signature required if	NOT submitting electronically: ×	Date
2). To elect submission v	via email with no signature, click here:	SUBMIT
<u>PL</u>	EASE EMAIL, MAIL, FAX, or DROP OFF THE COMPLET <u>TO:</u> Vanessa Castillo, MMC, City Clerk The City of Winter Haven	ED APPLICATION

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