VOLUNTEER ADVISORY BOARD APPLICATION

BOARD(S) APPLYING FOR	• Business Advisory Board • Finance Advisory Board
NAME	Logan Schrier
ADDRESS	334 dartmouth dr ATTN Logan Schrier lake worth, FL 33460 United States
UPLOAD PROOF OF RESIDENCY	• Insurance.pdf
DO YOU HAVE A DIFFERENT MAILING ADDRESS?	No
PHONE	(561) 452-7400
EMAIL	loganschrier23@gmail.com
LIST ALL PROPERTIES OWNED AND/OR BUSINESS INTERESTS IN LAKE WORTH BEACH	334 dartmouth Dr
WHAT IS YOUR OCCUPATION?	CPA
EMPLOYER?	The Trump Organization
ARE YOU CURRENTLY SERVING ON ANY CITY ADVISORY BOARD?	No
HAVE YOU EVER SERVED ON A CITY OF LAKE WORTH BEACH ADVISORY BOARD?	No
RELEVANT EXPERIENCE	I manage the President of the United State's finances.
INTEREST/ACTIVITIES	Making myself and the things and people around me better.
COMMUNITY INVOLVEMENT	I would like to be more involved in my community.
WHY DO YOU DESIRE TO SERVE ON THIS BOARD (FIRST PREFERENCE)	I want to increase the commercial activity in the downtown lake worth area.
WHY DO YOU DESIRE TO SERVE ON THIS BOARD (SECOND PREFERENCE)	I feel as if I can make a difference.
WHY DO YOU DESIRE TO SERVE ON THIS BOARD (THIRD PREFERENCE)	I want to make the experience of Lake Worth better for the residents and people who come to visit this town.
CONSENT	✔ I agree to the privacy policy. I understand the responsibilities associated with being a board/committee member, and I have adequate time to serve if appointed. I have read the attached Ordinance No. 2010-29 and Article XIII (Palm Beach County) Code of Ethics and understand the policy on the City of Lake Worth Beach Code of Ethics. Within 30 days after appointment, I understand that I am required to participate in Ethics Training and submit an Acknowledgement of Receipt form to the City Clerk's Office in order to continue to serve on my appointed board. *THIS APPLICATION IS VALID FOR ONE (1) YEAR FROM THE DATE SIGNED. *THIS APPLICATION IS NOT VALID WITHOUT APPLICANT'S PROOF OF RESIDENCY.
TODAY'S DATE	05/07/2026
SIGNATURE	Logan Schrier