## VOLUNTEER ADVISORY BOARD APPLICATION

BOARD(S) APPLYING FOR • Tree and Landscape Board

NAME Irene Katz

**ADDRESS** 

Lake worth beach, FL 33460

**United States** 

UPLOAD PROOF OF RESIDENCY • provided

DO YOU HAVE A DIFFERENT MAILING NO ADDRESS?

PHONE

**CELL PHONE** 

**EMAIL** 

LIST ALL PROPERTIES OWNED AND/OR BUSINESS INTERESTS IN LAKE WORTH

BEACH

WHAT IS YOUR OCCUPATION? Retired registered nurse

EMPLOYER? N/A

ARE YOU CURRENTLY SERVING ON NO

ANY CITY ADVISORY BOARD?

HAVE YOU EVER SERVED ON A CITY OF LAKE WORTH BEACH ADVISORY

BOARD?

RELEVANT EXPERIENCE Background in science

No

Many years of gardening

INTEREST/ACTIVITIES Fiber artist
Crochet designer

Gardening

**COMMUNITY INVOLVEMENT** This is hopefully the beginning of my structured community

engagement

WHY DO YOU DESIRE TO SERVE ON I feel that I can give back to the community through my love for

THIS BOARD (FIRST PREFERENCE) gardening.

WHY DO YOU DESIRE TO SERVE ON To become more engaged with the community in a meaningful

THIS BOARD (SECOND PREFERENCE) Way.

WHY DO YOU DESIRE TO SERVE ON To learn more about local gardening, trees, and soil.

THIS BOARD (THIRD PREFERENCE)

## 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** 07/23/2023

**SIGNATURE** Irene Katz