VOLUNTEER ADVISORY BOARD APPLICATION

BOARD/S YOU ARE APPLYING TO BE

· Historic Resources Preservation Board **

NAME Robert DArinzo

RESIDENCE ADDRESS

Lake Worth, FL 33460-3154 Lake Worth Beach, FL 33460

United States

DO YOU HAVE A DIFFERENT MAILING

ADDRESS?

No

PHONE

CELL PHONE

EMAIL

ARE YOU A REGISTERED PALM BEACH **COUNTY VOTER?**

Yes

ARE YOU A REGISTERED LAKE WORTH VOTER?

Yes

HOW LONG HAVE YOU BEEN A **RESIDENT OF LAKE WORTH BEACH?**

30 years

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

9 N Ocean Breeze

221 N C Street

WHAT IS YOUR OCCUPATION?

Realtor

EMPLOYER?

RE/MAX Prestige

ARE YOU CURRENTLY SERVING ON ANY CITY ADVISORY BOARD?

Yes

WHICH BOARDS?

HRPB

HAVE YOU EVER SERVED ON A CITY OF

LAKE WORTH BOARD?

Yes

IF YES, WHEN AND WHICH BOARD(S)?

HRPB No

DO YOU SERVE ON ANY BOARDS IN FLORIDA, OR ARE YOU AN ELECTED OR APPOINTED STATE, COUNTY, OR

MUNICIPAL OFFICE HOLDER, OR PALM **BEACH COUNTY EMPLOYEE?**

DATE OF GRADUATION 06/01/1980

HIGH SCHOOL

COLLEGE American academy of dramatic arts

J.M.Wright Tech

DATE OF GRADUATION 06/01/1983

WORK EXPERIENCE Realtor in Lake Worth Beach 30 years.

COMMUNITY INVOLVEMENT Code compliance board / city of Lake Worth

HRPB

6. A - WHY DO YOU DESIRE TO SERVE ON THIS BOARD (FIRST PREFERENCE)

I have been on this board for a few years now. The city needs someone who understands Historic Preservation and our neighborhoods.

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 ABOVE.

*THIS APPLICATION IS NOT VALID WITHOUT APPLICANT'S PROOF OF RESIDENCY.

SIGNATURE

Robert D'Arinzo