



City of  
**Lake Worth**  
Beach  
FLORIDA

## VOLUNTEER ADVISORY BOARD – REAPPOINTMENT APPLICATION

7 North Dixie Highway, Lake Worth Beach, FL 33460 – Phone: 561-586-1600 – Fax: 561-586-1750

### SECTION 1

Full Name: BERNARD F. GUTHRIE JR

Name of the Advisory Board / Committee you are currently serving on, for which you wish to be considered for reappointment: HRPB

Has your information changed since your appointment or last reappointment? YES \_\_\_\_\_ NO

If you selected YES, please fill out below. If you selected NO, please go to SECTION 2.

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Address: (If applicable) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: (If different from residence / business) \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Proof of residency attached: \_\_\_\_\_

### SECTION 2

By signing this form I acknowledge that the information above is true and correct and that I am required to complete Ethics Training and submit the Ethics Training Certificate of Acknowledgement to the City Clerk's Office at least once a year and that the attendance policy will be in effect as per the ordinance governing the board for which I am seeking reappointment.

Bernard F. Guthrie Jr  
Signature

9/11/20  
Date

Information regarding the duties and responsibilities of any board/committee can be found by visiting our website at [www.lakeworthbeachfl.gov](http://www.lakeworthbeachfl.gov). If you need additional information, please contact Silvina Donaldson at [sdonaldson@lakeworthbeachfl.gov](mailto:sdonaldson@lakeworthbeachfl.gov), 561-586-1730.

This form has been updated on October 2019