



### VOLUNTEER ADVISORY BOARD – REAPPOINTMENT APPLICATION

7 North Dixie Highway, Lake Worth Beach, FL 33460 – Phone: 561 586 1000 – Fax: 561 585 1750

#### SECTION 1

Full Name: SHERRY CANTER BURY SCHMIDT

Name of the Advisory Board / Committee you are currently serving on, for which you wish to be considered for reappointment: FINANCIAL ADVISORY BOARD / OVERSIGHT COMMITTEE

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.

Sherry C Schmidt  
954-551-1655  
SHERRY@CRI-RE.COM

7/28/2020