

Advisory Board/Committee Application

DATE: 6/2	4/2020	NAME: Krys	tal Lexima		
ADDRESS: 5840 Whippoorwill Circle Westlake FL, 33470					
PHONE:	954-534-3392	E-MAIL:	krystallexima@	gmail.com	
What is the Board/Committee of your choice? Education & Youth					
How long have you lived in the City of Westlake? 1.5 years					
Are you a full-time resident? If not, how many months do you reside in City? yes					
Are you a registered voter?					
Current occupation and employer, if retired, please list previous occupation and employer: Behavior Analyst - Self Employed					
Do you currently hold public office? If so, what is the office?					
Please list any business, volunteer, community activities you have been involved in:					
Worked as clinical director for special needs clinics within Palm Beach county over the 7 years, volunteered as board member for Autism Speaks					
Have you ever been convicted, plead no contest, plead guilty or had the adjudication of guilt withheld for any criminal offense other than a minor traffic violation? If yes, please explain.					
no					
Would you and/or any organization with which you are affiliated, benefit from decisions or recommendations made by this advisory board/committee? If yes, explain:					
no					
Experience. Please list experience and/or and any knowledge, skills, abilities, or qualifications that you possess and believe relevant to the board/committee for which you seek appointment:					
allow me to co have also work	xperience working asome up with ideas and sed alongside both cloortunity to see both	d straegies to be hildren and fami	tter the schools i lies for the last 7	in the Westla 7 years and h	ke community. I ave been given