CITY OF CAPE CANAVERAL
APPLICATION FOR APPOINTMENT TO CITY ADVISORY BOARD OR COMMITTEE
Pursuant to Section 2-171, Cape Canaveral Code

City Code requires prospective and existing board members to fill out an application. City Code also prohibits a person from serving on a City Board or Committee if that person has been convicted of a felony, unless their civil rights have been restored.

Please complete the following in the space provided:

A. GENERAL

1. Applicant Name: _____________________________________________________________
2. Home Address: ______________________________________________________________
3. Home and Cellular Telephone: ________________________________________________
4. Occupation: _________________________________________________________________
5. Business Telephone: __________________________________________________________
6. Business Address: ___________________________________________________________
7. E-Mail: ____________________________________________________________________

B. ELIGIBILITY

The information provided in this section is for purposes of determining whether you are eligible to serve on a City advisory board or committee.

1. Are you duly registered to vote in Brevard County?     (Y) _____ (N) _____
2. Have you been a resident of the City of Cape Canaveral for 12 months or longer?    (Y) _____ (N) _____
3a. Are you a Business owner:       (Y) _____ (N) _____
3b. If yes to 3a, please list the name: ___________________________________________

4a. Have you ever been convicted or found guilty, regardless of adjudication, or a felony in any jurisdiction? Any plea of nolo contendere (no contest) shall be considered a conviction for purposes of this question.    (Y) _____ (N) _____
4b. If yes to 4a, have your civil rights been restored?    (Y) _____ (N) _____

5a. Do you presently serve on any other City of Cape Canaveral advisory board or committee?    (Y) _____ (N) _____
5b. If yes to 5a, please list each: ________________________________________________

___________________________________________________________________________
6. City ordinance requires that all persons applying for a City advisory board or committee must voluntarily consent to a standard criminal background check before being appointed to a board or committee. Do you voluntarily consent to having a standard background check performed on you by the City of Cape Canaveral? initials  

(Y) _____ (N) _____

7a. Are you related to a City of Cape Canaveral Council member by blood, adoption, or marriage? (Y) _____ (N) _____

7b. If yes to 7a, please provide name(s) of person(s) and relationship to you: ______________________________

___________________________________________________________________________

C. INTERESTS/EXPERIENCE

1. Briefly state your interest in serving on a City advisory board or committee:

___________________________________________________________________________

___________________________________________________________________________

2. In numerical sequence (1 = most interested), please rank which advisory board or committee on which you wish to serve:

a. ______ Board of Adjustment*
b. ______ Business and Economic Development Board
c. ______ Code Enforcement Board*
d. ______ Community Appearance Board
e. ______ Construction Board of Adjustment and Appeals*
f. ______ Culture and Leisure Services Board
g. ______ Library Board
h. ______ Planning and Zoning Board*
i. ______ Other: __________________________________________________________

*Members of these boards are required to complete and file with the supervisor of Elections a Financial Disclosure Form upon appointment to said board and prior to July 1 of each year following the initial appointment while still a member of said board.

3. Briefly state any prior experiences in serving on any governmental board or committee:

___________________________________________________________________________

___________________________________________________________________________

4. Please list any specialized skills and training (e.g., architect, engineer, general contractor, etc.) that you feel help to qualify you for membership on the desired board or committee:

___________________________________________________________________________

___________________________________________________________________________

D. STATE REPORTING REQUIREMENTS

Section 760.80, Florida Statutes, requires that the City annually submit a report to the Secretary of State disclosing race, gender, and physical disabilities of board and committee members. Please check the appropriate boxes:

Page 2 of 3
<table>
<thead>
<tr>
<th>RACE</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>______ African-American</td>
<td>______ Male</td>
</tr>
<tr>
<td>______ Asian-American</td>
<td>______ Female</td>
</tr>
<tr>
<td>______ Hispanic-American</td>
<td>______ Not Known</td>
</tr>
<tr>
<td>______ Native-American</td>
<td>______</td>
</tr>
<tr>
<td>______ Caucasian</td>
<td>______ Physically disabled</td>
</tr>
<tr>
<td>______ Not Known</td>
<td>______</td>
</tr>
</tbody>
</table>

YOU HEREBY REPRESENT TO THE CITY OF CAPE CANAVERAL, UNDER PENALTY OF PERJURY, THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE TO THE BEST OF YOUR KNOWLEDGE, AND THE CITY OF CAPE CANAVERAL HAS THE RIGHT TO RELY ON THAT INFORMATION.

YOU HEREBY ACKNOWLEDGE THE EXISTENCE OF THE CODE OF ETHICS FOR PUBLIC OFFICERS [SECTIONS 112.311-326, FLORIDA STATUTES] AND THE FLORIDA "SUNSHINE LAW" [SECTION 286.011, FLORIDA STATUTES], WHICH MAY PERTAIN TO YOU IF YOU ARE APPOINTED TO A CITY ADVISORY BOARD OR COMMITTEE, AND IF APPOINTED, IT IS YOUR SOLE OBLIGATION AND DUTY TO COMPLY WITH SUCH LAWS.

PLEASE NOTE:

- Appointment to any City board is subject to City Council approval following a brief interview before the City Council at a regularly scheduled meeting.
- Your application will remain effective for one year from date of completion.
- If you should have any questions regarding the completion of this application, please contact the City Clerk’s Office at (321) 868-1220 ext. 221.

Signature: _________________________________  Date: ______________________

Please return to: City of Cape Canaveral  
Office of the City Clerk  
105 Polk Avenue  
Cape Canaveral Florida 32920

For Office Use Only:

Date application received: ______________________________
Date Appointed: ______________________________
Appointed by: ______________________________
Board Appointed to: ______________________________
Term Expires: ______________________________