



CITY OF OAKLAND PARK APPLICATION FOR ADVISORY BOARD APPOINTMENTS

Your Service to our City is Earnestly Solicited

Service on a Board or Committee provides citizens with an opportunity to help shape policy and direction for the City of Oakland Park. Residents are cordially invited to apply for appointment by the City Commission to a City Board. Applications are valid for three (3) years. Please check Boards/Committees for which you wish to be considered:

- | | | |
|--|---|---|
| <input type="checkbox"/> Art and Cultural Board | <input type="checkbox"/> Code Enforcement Board* | <input type="checkbox"/> School Advisory Board |
| <input type="checkbox"/> Beautification Advisory Board | <input type="checkbox"/> Historic Preservation Board | <input type="checkbox"/> Unsafe Structures Board* |
| <input type="checkbox"/> Board of Adjustment* | <input type="checkbox"/> Planning and Zoning Board* | <input type="checkbox"/> Local Government Academy (Ten Week Course) |
| <input type="checkbox"/> Civil Service Board | <input type="checkbox"/> Program for Public Information Board | |

Application is for: ☐ New Appointment ☐ Re-submission ☐ If you currently serve on a Board, please state which Board _____

* Per Section 112.317 Florida Statutes, Members of Some Boards are required to file a Financial Disclosure Report.

Please type or print information.

PERSONAL:

Name: _____ E-Mail Address: _____

Residential Address: _____ Oakland Park, Zip: _____ Telephone Number: (____) _____

Business Number: (____) _____ Cell Number: (____) _____

(You must use your Oakland Park home address on this application.) Voting Precinct Number: _____

EDUCATION:

Name of High School: _____ Location: _____

College (if applicable): _____ Location: _____

Years Completed: _____ Degree: _____ Field of Study: _____

Other professional or technical training (Name of school, course name, etc.): _____

EMPLOYMENT:

Current or last employer: _____ Address: _____

Position: _____ Years of Service: _____

Duties: _____

OTHER QUALIFICATIONS: Briefly describe any specific expertise and/or abilities that would pertain to your service on a City Board:

MEMBERSHIPS: Oakland Park Organization(s) Years in Membership Office Held (if any)

Outside City

ACKNOWLEDGMENT (Check Below:)

☐ I understand that in accordance with the Florida Sunshine Law, this information will be available for public review and I waive any objections to such publication.


☐ I understand that appointment to any of the positions indicated above is a voluntary service.

☐ If appointed, I agree to faithfully and fully perform the duties of my office, will make every endeavor to serve my full term, and will comply with all laws or ordinances of the City, County, and State of Florida, particularly those pertaining to the conduct of public office and the financial disclosure requirements, if applicable, to my position.

☐ I understand, if appointed, an updated application must be submitted to seek appointment to another advisory board.

☐ I understand that if appointed, I must take the oath of office prescribed in the Florida Statutes.

☐ I understand that I may sit on only one Commission appointed board.



Signature of Applicant

Date

Please Completely Fill Out & Return this Application to the City Clerk's Office for Processing.
City of Oakland Park · 3650 NE 12 Avenue · Oakland Park, FL 33334 · (954)630-4300

Applications will be valid for a period of three years



Advisory Board/Committee Member Confirmation of Request for Appointment

Name: _____

Address: _____

Email: _____

Phone: _____

Current Resident of Oakland Park: Yes _____ No _____

Advisory Board/Committee: _____

___ Original Appointment ___ Do Not Wish to Be Reappointed

___ Request Re-Appointment

By completing this form, I certify the following information:

___ I want to serve/continue to serve.

___ I meet all legal requirements to serve (residency, etc.)

___ I am aware of my duties and legal and other obligations as a board member.

___ I understand that should I fail to abide by the rules and obligations of this position or fail to continue to meet the conditions of membership (move out of city), I must disclose to the City Clerk prior to being considered for appointment or reappointment.

___ I confirm the board member application attached is current, including contact information.

___ I have no intention at this time to relocate outside of the City limits and understand that should this change, I will immediately provide notice to the City Clerk.

Signature

Date

To be completed by staff for re-appointment

Appointed by: _____

Date Appointed: _____

Board Expiration Date: _____

All information has been reviewed and confirmed

Date: _____

Reviewed by: Robin Greco