

## BOARD OF COUNTY COMMISSIONERS APPLICATION FOR BOARD OR COMMITTEE APPOINTMENT

Thank you for expressing interest to be considered for appointment to a committee, board, commission, or advisory group of the Columbia County Board of County Commissioners. The County Commission appreciates your willingness to serve your County in a volunteer capacity. Please complete this application to the best of your knowledge. You may attach a resume and any additional information you believe would assist the Board in evaluating your application.

Name:		District #:
Address:		
City:	State:	Zip:
Phone #:	E-mail Address:	
How long have you resided in Col	lumbia County?	
Name your most recent occupation	n and employer:	
Are you registered to vote in Colu	mbia County? □Yes. □ No.	
List all active professional licenses	s or certifications you hold:	
Please summarize your education	al background:	
Please summarize your work expe	erience:	
Please list civic clubs, profession	nal organizations, public interest groups	and other not-for-profit organizations of
which you are a member or in which	ch you have been active in the last three year	rs, particularly those in Columbia County.
1	2	
3	4	
Other than your home, please list	and indicate the acreage of any parcels of	f property in Columbia County in which
you have any ownership interest:		
Please list all corporate entities do	oing business in or with Columbia County	in which you have any financial interest
including but not limited to owne	rship, employment, or any contractual re	lationship:

Columbia County Board of County Commissioners Attn: Human Resources PO Box 1529 Lake City, FL 32084 Phone: (386) 755-4100 Fax: (386) 758-2182	Received by  Date received
Please return completed application to:	FOR OFFICIAL USE ONLY:
I hereby acknowledge that Columbia County or its representatives may vauthorize the release of any information by those in possession of so County. Icertify that all information provided herein is true and accept that a volunteer position provides for no compensation except that enabling legislation. If appointed, I understand that I shall serve at all Commissioners.	such information, which may be requested by the urate to the best of my knowledge. I understand as may be provided by Florida Statutes or other
ACKNOWLEDGMENT AND CE	RTIFICATION
NOTICE:  Florida has very broad public records laws. All information provide public record upon submission, and will be open to public inspection. of a disability to participate in the application/selection process, plea advance to allow for your reasonable accommodation. This application you must notify the Board of County Commissioners of your wish to to update any application more than one year old.	If you require special accommodations because se notify the Board of County Commissioners in tion will be active for one year, after which time
to the appointment you are seeking. Please indicate in the space bother supporting documents.	below if you have attached your resume or any
3You may use this space for a brief biographical sketch or to list othe	
2	
1	
List three (3) personal or professional references:	
* Applicants may be appointed to no more than	
Please indicate in order of preference the committee, board, or count	·