

**BOARD OF COUNTY COMMISSIONERS  
TOWN OF FORT WHITE, APPLICATION  
FOR BOARD OR COMMITTEE APPOINTMENT  
TO UTILITY ADVISORY COMMITTEE**

Thank you for expressing interest to be considered for appointment. We appreciate your willingness to serve 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: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

How long have you resided in Columbia County? \_\_\_\_\_

Name your most recent occupation and employer: \_\_\_\_\_

Are you registered to vote in Columbia County? Yes \_\_\_\_\_ No \_\_\_\_\_

List all active professional licenses or certifications you hold: \_\_\_\_\_

\_\_\_\_\_

Please summarize your educational background: \_\_\_\_\_

\_\_\_\_\_

Please summarize your work experience: \_\_\_\_\_

\_\_\_\_\_

Please list civic clubs, professional organizations, public interest groups and Other not-for-profit organizations of which you are a member or in which you have been active in the last three years,

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

Other than your home, please list and indicate the acreage of any parcels of property in Columbia County in which you have any ownership interest:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list all corporate entities doing business in or with Columbia County, or Town of Fort White in which you have any financial interest including but not limited to ownership, employment, or any contractual relationship:

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What is your experience or interest in serving on this Board? 

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List three personal or professional references

- 1. 

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- 2. 

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- 3. 

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You may use this space for a brief biographical sketch or to list other skills you possess that you believe are relevant to the appointment you seeking. Please indicate in the space below if you have attached your resume or any Other supporting documents.

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NOTICE:

Florida has very broad public records laws. All information provided with this application shall become a matter of public record upon submissions and will be open to public inspection, If you require special accommodations because of a disability to participate in the application/selection process, please notify the Board of County Commissioners in advance to allow for your reasonable accommodation. This application will be active for one year.

## ACKNOWLEDGMENT AND CERTIFICATION

I hereby acknowledge that Columbia County, the Town of Fort White or its representatives may verify information provided herein. I further authorize the release of any information by those in possession of such information which may be requested by the County, or the Town of Fort White. I certify that all information provided herein is true and accurate to the best of my knowledge. I understand that volunteer position provides for no compensation except that as may be provided by Florida Statutes or other enabling legislation. If appointed, I understand that I shall serve at all times at the pleasure of the Board Of County Commissioners.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return completed application to:  
Columbia County Board of County Commissioners  
Attn: Human Resources  
PO Box 1529  
Lake City, FL 32084  
Phone: (386) 7554100  
Fax: (386) 758-2182

FOR OFFICIAL USE ONLY;

\_\_\_\_\_  
Received by

Date received

Or: Town of Fort White  
118 SW Wilson Springs Rd  
Ft White, FL 32038

Thank you for your interest!