

# Board and Committee Membership Application

City of New Port Richey  
5919 Main Street  
New Port Richey, FL 34652  
(727) 853-1016  
www.citynpr.org



## Applicant Information

Name DAVID P. Folds III  
Street Address 5743 Delaware Ave  
City, State, Zip New Port Richey FL 34652  
Home Phone Cell 772 708 6803  
Alternate Phone Home 727 816 1150  
E-Mail Address davepfolds@aol.com  
(attach copy of DL for residency verification)

## Boards and Committees

Please describe why you are interested in serving on a board or committee for the City of New Port Richey:

I've attended numerous activities of the CAC and very much enjoyed them and would like to be more involved in planning

Please choose which board or committee you are interested in serving on:

- Cultural Affairs Committee (meets on the third Wednesday of each month)
- Environmental Committee (meets on the second Monday of each month)
- Firefighters Pension Board (meets on a quarterly basis)
- Historic Preservation Board (meets on the second Monday of the month)
- Land Development Review Board (meets on the fourth Thursday of the month)
- Library Advisory Board (meets on the fourth Monday of the month)
- Parks and Recreation Advisory Board (meets on the second Tuesday of the month)
- Police Pension Board (meets on the fourth Tuesday of the month)

Have you attended any meetings of the board or committee on which you want to serve?  
 Yes       No      If yes, how many have you attended? 3

**Previous Board or Committee Experience**

Have you ever served on a board or committee with any governmental unit? If so, please describe:

Dept of Veterans Affairs  
Health Promotion Disease Prevention  
Numerous Health Newsletters and  
SE Regional publication

**Previous Volunteer or Community Service Experience**

Summarize your previous volunteer or community service experience.

None in recent yrs

**Special Skills, Interests and/or Qualifications**

Summarize special skills, interests and/or qualifications you possess which you feel would be beneficial to the board or committee you are applying for membership to.

Folk Art Dealer & Appraiser

**Employment/Experience**

Job Title:	Employer:
Health Promotion Disease Prevention Program mgr.	VA Hospital Tampa FL
Address Line 1:	Address Line 2:
13515 Lake Terrace LN	Tampa FL 33637
City:	State:
Tampa	FL
Zip Code:	County:
33637	Hillsborough
Work Phone:	
Retired	

Professional licenses held:

~~Real Estate~~ ~~Real Estate~~

Previous employment or experience:

Dept. of Veterans Affairs  
West Palm Beach FL  
Tampa FL

Memberships in professional, civic organizations or government boards or committees:

Organization of Licensed  
Dealers & Appraisers  
since May/2000

Personal References

Please provide three (3) references other than relatives. List name, phone number and relationship to you.

Name (printed)	Phone Number	Relationship
Larry Donlien (C)	570 575 5308	Friend
Pete Siefert	727 359 9229	FRIEND
Logan Tulliano	813 723 0051	FRIEND

Eligibility Verification

To serve on a City Board or Committee you must either be a current resident of the city or own a business within the city limits. You must also be a registered voter. Please check all that apply.

I currently live within the city limits.  
 I am a registered voter in Florida

I own a business within the city limits  
(attach copy of voter identification card)

Have you ever been convicted, pleaded guilty or no lo contendere to any criminal offense? (A yes answer to the above question does not automatically preclude you from being considered. The circumstances, timeframe and relevant factors are considered on an individual basis.)

Yes  No

If yes, please explain (including date):

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a Board or Committee member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)

DAVID P. FOLDS III

Signature

*[Handwritten Signature]*

Date

2/21/24

### Selection Process

Once your application has been reviewed and your eligibility to serve has been verified, you will be contacted by the City Clerk to appear at an upcoming City Council meeting so that Council may address any questions they may have regarding your application. Applications are valid for one year from the date they are submitted.

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us. Please return the completed form back to Judy Meyers, City Clerk, City of New Port Richey, 5919 Main Street, New Port Richey, Florida, 34652. You may also send it via e-mail to [meversj@cityofnewportrichey.org](mailto:meversj@cityofnewportrichey.org). If you have any questions or need any further information please contact the City Clerk's Office at (727) 853-1021.

### FOR INTERNAL USE ONLY:

Date Application Received:

2/29/24 *[Signature]*

Type of Application: New Member

Renewal