

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

HEATHER FIORENTINO

Street Address

[REDACTED]

City, State, Zip

NEW PORT RICHEY, FL 34652

Home Phone

Alternate Phone

[REDACTED]

E-Mail Address

[REDACTED]

(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:

IT WOULD BE AN HONOR TO SERVE THE CITY
AND ENSURE THE INTEGRITY OF THE
POLICE PENSION BOARD

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? _____

Previous Board or Committee Experience

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

NPR CHARTER COMMITTEE
NPR AD HOC COMM. ON STREET PAVING.
VARIOUS FLORIDA STATE LEGISLATIVE COMMITTEES.
FLORIDA STATE BOARD OF EDUCATION AD HOC COMM.

Previous Volunteer or Community Service Experience

Summarize your previous volunteer or community service experience.

STARTED THE DEAF SERVICE CENTER & PRES.
SERVED AS PRES. BAYONET POINT HOSPITAL BOARD.
SERVED AS VP SERTOMA FOUNDATION
SERVED ECONOMIC DEVELOPEMENT COUNCIL

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.

COMMUNICATION SKILLS
MANAGEMENT SKILLS
WORKING WITH BUDGETS
INVOLVED WITH INVESTMENTS AND BONDING.

Employment/Experience

Job Title: RETIRED
SUPERINTENDENT

Employer: PASCO COUNTY SCHOOLS

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

County:

Work Phone:

Professional licenses held:

- TEACHING

Previous employment or experience:

PASCO SCHOOL BOARD - TEACHER & SUPERINTENDENT
FLORIDA HOUSE OF REPRESENTATIVES - REPRESENTATIVE
CITY OF NEW PORT RICHEY - COUNCILMEMBER
PASCO-HERNANDO COMM. COLLEGE - INSTRUCTOR

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

- BAYONET POINT HOSPITAL BOARD
- WEST PASCO HISTORICAL SOCIETY BOARD
- OLQP FINANCE AND PARISH COUNCIL
- RIVERMIST HOA BD.

Personal References

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

Name (printed)	Phone Number	Relationship
MARIANNE DODD		FRIEND
CHOPPER DAVIS		FRIEND
SUMMER BLEVINS		CO WORKER & 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)

Signature

Date

HEATHER FIORENTINO
Heather Fiorentino
2-15-2023

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 meyersj@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:

Type of Application:

New Member

Renewal

2/21/23