

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

Barbara Sullo

Street Address

6970 River Rd

City, State, Zip

NPR FL 34652

Home Phone

727 848 1994

Alternate Phone

E-Mail Address

BSULLO@AOL.COM

Driver's License Number
(attach copy of DL)

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 own a business within the city limits

I am a registered voter in Florida

(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):

Boards and Committees

Tell us in which Board or Committee you are interested in serving on:

Cultural Affairs Committee (meets on the third Monday of each month)

Environmental Committee (meets on the fourth Monday of each month)

Firefighters Pension Board (meets on a quarterly basis)

- Land Development Review Board (meets on the fourth Thursday of the month)
- Library Advisory Board (meets on the fourth Tuesday 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)

Previous Volunteer Experience

Summarize your previous volunteer experience.

1. Volunteered 3rd walk country to improve health
 2. Many volunteer opportunities too numerous to list.

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Nurse
 Instructor
 Many sports
 Local organizations
 Red Cross disaster team

Personal References

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

Name (printed)	Phone Number	Relationship
PAM GILLIS	927-856-2072	CO-WORKER
DONNA GILL	751-849 9311	FRIEND
BELL DECHART	927-849 1626	FRIEND

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) BARBARA SULLO
 Signature [Signature]
 Date 2/17

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.

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:

2/6/17

Type of Application: New Member

Renewal