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	Rose Mohr				
Street Address	5717 Vermont Avenue				
City, State, Zip	New Port Richey, FL 34652				
Home Phone	727 808- 2440				
Alternate Phone	727 849-4940				
E-Mail Address	rosemmohr6442@gmail.com				
Driver's License Number (attach copy of DL)					
	or Committee you must either be a current resident of the city or own a business				
within the city limits. You r	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 vote					
timeframe and relevant fac	es not automatically preclude you from being considered. The circumstances, ctors are considered on an individual basis.) Yes No				
If yes, please explain (inclu	uding date):				
Boards and Committee					
Tell us in which board of C	Committee you are interested in serving on:				
✓ Environmental Comm	mittee (meets on the third Monday of each month) mittee (meets on the fourth Monday of each month) Board (meets on a quarterly basis)				

	opment Review Board (meets o		the month)			
	sory Board (meets on the fourth					
	ecreation Advisory Board (mee		ay of the month)			
Police Pens	on Board (meets on the fourth	Tuesday of the month)				
Previous Volum	teer Experience					
Summarize your p	previous volunteer experience.					
currently on e	nvironmental committee ar	nd library board				
The State of the State of the State of	r Qualifications					
	al skills and qualifications you h ctivities, including hobbies or s		syment, previous volunteer work,			
Personal Refer		atives. List name, phone	e number and relationship to you.			
Name (printed)		Phone Number	Relationship			
Barbara Howe		727-484-5104	Friend			
Gerald Kuss		727 808-2690	Business Partner			
Dionne Blaesing		727 389-7691	Friend			
if I am accepted misrepresentation Name (printed)	application, I affirm that the fac	member, any false st	and complete. I understand that atements, omissions, or other ediate dismissal.			
Signature Date						
Date	2/21/2018					

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 meyersi@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 ON	ILY:			
Date Application Received:	200.			
Type of Application:	New Member	Renewal		