# Soard and Committee Membership Application

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



Name	Ruth Ann Jackso 🐧		
Street Address	5747 Wyoming Ave		
City, State, Zip	New Port Richey, FL 34652		
Home Phone	727-916-2200		
Alternate Phone	727-916-2226		
E-Mail Address	ruth.jackson0709@gmail.com		
Driver's License Number (attach copy of DL)			
Eligibility Verification	Oitt		
within the city limits. You r	or Committee you must either be a current resident of the city or own a business 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			
If yes, please explain (inclu	tors are considered on an individual basis.)  Yes No  Iding date):		
remende per la communer Tell us in which Board or C	mommittee you are interested in serving on:		
Wa	itter (market an the third bling day of each month)		
	nittee (meets on the third Monday of each month)		
	nittee (meets on the fourth Monday of each month)		
	Board (meets on a quarterly basis)		

		Land Development Review Board (meets on the fourth Thursday of the month)	
F	Library Advisory Board (meets on the fourth Tuesday of the month)		
Γ		Parks and Recreation Advisory Board (meets on the second Tuesday of the mont	
Ì		Police Pension Board (meets on the fourth Tuesday of the month)	

## Previous Valuateer Experience

Summarize your previous volunteer experience.

Holiday Rotary - Chasco Fiesta, RAP House, Western Extravaganza

## Special Skills or Qualingstions

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

I am a Pasco County School Teacher of 24 years. I was born and raised in the City of New Port Richey with various family members being business owners as well as contributors to the city's history.

#### Terrore References

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

Name (printed)	Phone Number	Relationship Mother	
Connie Smith	727-858-0080		
Marty Smith	727-514-7525	Brother	
Belinda Schultz	727-534-3603	Friend	

#### averageout and Stonatture

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)	Ruth Ann Jackson	
Signature	Vite an	
Date	2/19/18	

### Selection Fruitess

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.

#### Shir 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.

FOR INTERNAL USE ONLY:

Date Application Received:

Type of Application: New Member

Renewal

Alternata