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	Bonnie M. Martin			
Street Address	6030 Oak Ridge Aux.			
City, State, Zip	New Port Richers, FL 34653			
Home Phone	(727)9194184			
Alternate Phone				
E-Mail Address	bonnie m martin Egmail, com			
Driver's License Number	January Com			
(attach copy of DL)				
Eligibility Verification				
-	or Committee you must either be a current resident of the city or own a business			
within the city limits. You r	nust also be a registered voter. Please check all that apply.			
currently live within	the city limits. I own a business within the city limits			
I am a registered vote				
T am a registered vote	er in Florida (attach copy of voter identification card)			
to the above question doe	cted, pleaded guilty or no lo contendere to any criminal offense? (A yes answer is not automatically preclude you from being considered. The circumstances, tors are considered on an individual basis.)			
	Yes No			
lf yes, please explain (inclu	ding date):			
Boards and Committee:	S			
Tell us in which Board or Co	ommittee you are interested in serving on:			
Cultural Affairs Comm	ittee (meets on the third Monday of each month)			
Environmental Committee (meets on the fourth Monday of each month)				
	oard (meets on a quarterly basis)			

	Land Develop	ment Review Board (meets on the fourth Thursday	of the month)			
	Library Adviso	ry Board (meets on the	he fourth Tuesday of the month	n)			
	Parks and Recreation Advisory Board (meets on the second Tuesday of the month)						
	Police Pension	Board (meets on the	e fourth Tuesday of the month)				
	Daniera Velente	P ^{CC}					
	Previous Volunteer Experience						
Start	ALT Summarize your previous volunteer experience.						
laga	* Volunteered	as story read	ler for Children an	the thedson Library			
1982	982 . Volunteer and founded the local Chapter of the National Assoc. for the Education of young Children (West Pasco NAEYC) - Pres./Founder 960 Volunteer Tseasurer and later Vice Pres. of the Community Service Council.						
- 66	the Education of yours Condens (West Pasco NAEVC) - Pres. Founder						
1997-1476	· Volunteer Tree	surer and las	ter Vice Pres. of the	Community Service Council			
(980	1980 Girl scout leader.						
2001	1012 Volunteen Freasurer for west Pasas Pregnancy Center. 2001 Started non profit Adoption Agency Prestdent Foundar. 2001 Special Skills or Qualifications on mental Health Foundations Pres / Foundar						
2011	on special stills or frost this so mental Hearth Foundation. Pres Foundary						
	Summarize special skills and qualifications you have acquired from employment, previous volunteer work,						
	or through other activ			,, ,			
	- Pragram	Day learn +					
	- Rosal L	ceveryment		nal skills; diplomary, ountablity, deligation addois, publications			
	MODERA E	eadership pos	Hone organizate	nal skills, diplomery,			
	"Computer 5	avry with va	uns tiscalace	ountability, delegation			
	piegiano	- Quickbook	is, Spreadsheet, win	ed does, publications			
	- Efficience	of task com	soletion)				
	- Good writ	tens skills	The work				
	Personal Reference						
	Please provide three (3) references other than relatives. List name, phone number and relationship to you.						
	Name (printed)		/ Phone Number	Relationship			
	Alyssa VI	sall, LMHC	(127)8470069	peer			
	Kon Dam		127)2049048	Ruend			
	Sheri Laure	nce LMHC	(813) 504 49 13	peer			
		1		1			
	Agreement and Si	anature					
	_	2000 E	the facts set forth in it are true	e and complete. I understand that			
	if I am accepted a	s a Board or Com	mittee member, any false s	statements, omissions, or other			
	misrepresentations m	ade by me on this ap	pplication may result in my imm	ediate dismissal.			
	Name (printed)	Bonnie M.	martin				
	Signature $$	Bonnie m. 1	Martin				
	Date	5/18/19	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
	_5	7	A12.4.				

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 ONLY:

Date Application Received:

Type of Application:

New Member

Renewal