

Board and Committee Membership Application

City of New Port Richey
5919 Main Street
New Port Richey, FL 34652
(727) 853-1018
www.citynpr.org



Applicant Information

Name

Cynthia Contreras

Street Address

5836 Illinois Avenue

City, State, Zip

New Port Richey

Home Phone

727-992-4812

Alternate Phone

E-Mail Address

misscontreras.pta@gmail.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 to 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.

Metropolitan Ministries
CAC - 2 years

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.

Physical therapy
Clinical coordinator / liaison
assist in planning events
medical sales / marketing

Personal References

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

Name (printed)	Phone Number	Relationship
Xiomara Luciano	727-967-2851	Friend
Natalie Ciper	321-948-7167	Friend
Jeff Starkey	727-389-5784	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) Cynthia Contreras

Signature [Signature]

Date 4-19-19

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, 34662. 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:

4/23/19

Type of Application: New Member

Renewal