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	Robert Marin
Street Address	6216 River Road
City, State, Zip	New Port Richey, FL, 34652
Home Phone	813-468-6385
Alternate Phone	
E-Mail Address	rmarin@pascocountyfl.net
(attach copy of DL for residency verification)	
Boards and Committee	
Please describe why you a Richey:	re interested in serving on a board or committee for the City of New Port
Please choose which board	d or committee you are interested in serving on:
Cultural Affairs Comm	nittee (meets on the third Wednesday of each month)
Environmental Comm	littee (meets on the second Monday of each month)
Firefighters Pension E	Board (meets on a quarterly basis)
	Board (meets on the second Monday of the month)
1 1	eview Board (meets on the fourth Thursday of the month)
	d (meets on the fourth Monday of the month)
1 7 1	Advisory Board (meets on the second Tuesday of the month) (meets on the fourth Tuesday of the month)
	eetings of the board or committee on which you want to serve? No If yes, how many have you attended?

Previous Board or Committee Experience

Have you ever served on a board or committee with any governmental unit? If so, please describe:

- * Several Boards in the Military
- * FGUA Utility Board
- * Nationwide Deferred Compensation Committee

Previous Volunteer or Community Service Experience

Summarize your previous volunteer or community service experience.

- * Sexual Assault and Victims Advocacy Service (SAVAS) Counselor
- * Women's Self Defense Instructor
- * Volunteer Firefighter (Virginia)
- * Community Clean-ups

Employment/Experience

lab Title.

Special Skills, Interests and/or Qualifications

Summarize special skills, interests and/or qualifications you possess which you feel would be beneficial to the board or committee you are applying for membership to.

I'm currently on the Pasco County Nationwide Deferred Compensation Committee to update and improve the County's deferred compensation program. I also have extensive experience managing budgets and fiscal policies.

Employer.	
Pasco County	
Address Line 2:	
State:	
FL	
County:	
	Pasco County Address Line 2: State: FL

Employer

Pasco

34652 Work Phone: 727-834-3282

Professional licenses held:		
* Accredited Veterans Services Offic (Various Navy related licences)	er	
Previous employment or experience:		
* Utilities Director * Naval Officer		
Memberships in professional, civic organization	ons or government boards o	r committees:
Listed on page 2		
Personal References		
Please provide three (3) references other than	n relatives. List name, phone	number and relationship to you.
Name (printed)	Phone Number	Relationship
Chopper Davis	727-255-9135	Friend
James Kaplan	727-505-6621	Co-worker / Friend
Bruce Kennedy	813-748-3949	Previous Boss
Eligibility Verification To serve on a City Board or Committee you n	nust either be a current resid	ent of the city or own a business
within the city limits. You must also be a regis		
I currently live within the city limits.	I own a business wit	*
✓ I am a registered voter in Florida	(attach copy of voter idea	ntification card)

to the above ques	en convicted, pleaded guilty or no lo contendere to any criminal offense? (A yes answestion does not automatically preclude you from being considered. The circumstance evant factors are considered on an individual basis.)
	Yes ✓ No
If yes, please expl	lain (including date):
NA	
Agreement and	d Signature
if I am accepted	s application, I affirm that the facts set forth in it are true and complete. I understand the das a Board or Committee member, any false statements, omissions, or others made by me on this application may result in my immediate dismissal.
Name (printed)	Robert Marin
Signature	Robert Marin Date: 2022.03.11 11:44:30 -05'00'
Date	03/11/2022
Orlandian Burn	
contacted by the	cation has been reviewed and your eligibility to serve has been verified, you will I City Clerk to appear at an upcoming City Council meeting so that Council may addresty may have regarding your application.
Our Policy	
It is the policy of t	this organization to provide equal opportunities without regard to race, color, religion, ender, sexual preference, age, or disability.
the completed for Richey, Florida, 3	mpleting this application form and for your interest in volunteering with us. Please return back to Judy Meyers, City Clerk, City of New Port Richey, 5919 Main Street, New Post S4652. You may also send it via e-mail to meyersi@cityofnewportrichey.org . If you han need any further information please contact the City Clerk's Office at (727) 853-1021.
FOR INTERNAL	USE ONLY:
Date Application R	deceived: 3/11/22
Type of App	plication: New Member Renewal