



City of North Miami Beach, Florida

APPLICATION FOR THE ADVISORY COMMITTEE FOR DISABLED INDIVIDUALS

The Advisory Committee for Disabled Individuals provides guidance, insight, experience and expertise in an advisory capacity to the Mayor and City Commission and to the Office of the City Manager on such interests of the handicapped as architectural and other avenues of accessibility including access to information and other programs to provide equal opportunity to qualified physically disabled persons, public awareness programs concerning physically challenged persons, and such other matters as may seem pertinent and appropriate

Members of the Committee shall serve in a voluntary capacity with no compensation, and shall be persons with a longstanding interest in the disabled, as well as physically challenged individuals who, at a minimum, are representative of people who are blind or who have low vision, people who are deaf or who are hard of hearing, and people who use wheelchairs or who have difficulty walking.

(PLEASE PRINT CLEARLY)

1. NAME: _____
2. HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
3. BUSINESS NAME: _____
BUSINESS ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
4. CONTACT NO: (HOME) _____ (BUSINESS) _____
CELL: _____ EMAIL ADDRESS: _____
FAX: _____
5. ARE YOU A RESIDENT OF THE CITY OF NORTH MIAMI BEACH OR DO YOU WORK IN THE CITY OF NORTH MIAMI BEACH?
RESIDENT _____ WORK _____ (YES OR NO)
6. HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO _____
7. HIGHEST LEVEL OF EDUCATION AND OCCUPATION:

8. ARE YOU RELATED TO A CITY EMPLOYEE? YES _____ NO _____
(IF YES, PLEASE STATE THE NAME OF THE EMPLOYEE AND THE DEPARTMENT IN WHICH HE/SHE WORKS: _____)

9. EMPLOYMENT HISTORY (PLEASE INCLUDE EMPLOYER, POSITION, YEARS SERVED):

PRESENT STATUS: _____

_____ to _____

_____ to _____

_____ to _____

10. HAVE YOU EVER SERVED ON AN ADVISORY BOARD OR COMMITTEE DEALING WITH DISABLED INDIVIDUAL MATTERS (IF SO PLEASE LIST WHERE, WHEN, AND IN WHAT CAPACITY)

11. PLEASE STATE YOUR REASON FOR INTEREST IN APPLYING FOR THE ADVISORY COMMITTEE FOR DISABLED INDIVIDUALS:

12. PLEASE LIST QUALIFICATIONS, TALENTS, OR EXPERTISE AS IT RELATES TO MEMBERSHIP FOR THIS BOARD: _____

CERTIFICATION

I CERTIFY UNDER OATH, AND PENALTY OF PERJURY, THAT ALL INFORMATION SHOWN ABOVE IS TRUE AND CORRECT. I DO UNDERSTAND THAT ANY APPOINTMENT TO A BOARD, COMMITTEE, COMMISSION OBTAINED ON A MISREPRESENTATION OF A MATERIAL FACT SHALL BE NULL AND VOID.

APPLICATION DATE: _____ APPLICANT'S SIGNATURE: _____

APPOINTMENT DATE: _____ BY _____