Volunteer A	Board of County Commissioners dvisory Board and Committee General Application
New Application	tment Request
Name:	Date:
Mailing Address:	
Physical Address (if different):	
County of Residence:	Are you a registered voter?
Email:	Years in Flagler:
Phone:	Office Home Cell
Phone:	Office
Advisory Board/Committee Applying for:	
What aspect of this Board/Committee interests you?	
Describe your training and/or experience th	at would make you a good fit for this position:
What contributions do you feel you could m selected?	ake to this Board/Committee should you be
Have you ever served on a Flagler County a	appointed Board/Committee?
No Yes, if so, please iden	tify those on which you have served:
Advisory Board / Committee	Dates Served

Education:		
Business (name & type):		
Business Address:		
Business Phone:	Position:	
Applicable Professional Organization Memberships:		
As an applicant, you are encouraged to provide additional information (including a cover letter and/or resume) to better explain your qualifications for the position for which you are making application. This information will aid in the decision of the County Commission when making appointments.		
Additional Information you wish to share:		
If appointed, I will attend meetings in accordance with the adopted policies of Flagler County. If at any time my business or professional interests' conflict with the interests of the Advisory Board or Committee, I will sign the appropriate (Form 8B) and excuse myself from participating in such deliberations. I understand that if appointed, I will serve at the pleasure of the Board of County Commissioners.		
Applicant Signature	Date	
Email Application To: <u>LDance@FlaglerCounty.gov</u> *Please note a hard copy is not required.		
Flagler County BOCC		
Attn: Administration 1769 E. Moody Blvd., Building 2, Suite 302, Bunnell, FL 32110		
1705 E. Moody Brud, Bunding 2, Suite 502, Bunnen, FE SETTO		

## Additional Questions: (386) 313-4001