WEST MANATEE FIRE & RESCUE DISTRICT 701 63rd St. W. Bradenton, FL 34209-2349 (941)761-1555 Fax (941)237-3935

ADVISORY BOARD/COMMITTEE/COMMISSION APPLICATION

I am app	lying for:	(circle one)	
		(

Fire Commissioner Pension Board Trustee Other:_____

PLEASE NOTE: Your application will remain active for one (1) year. Resumes may be included; however, the application MUST still be completed. Read "Important Information" section on the second page of the application, then sign and date the application. (Use additional pages, as needed.)

PLEASE TYPE OR PRINT IN INK

Date:	
Name:	First Middle
Address:	
City:	_, FL Zip:
Phone:	Contact Time:
Work Phone:	Contact Time:
Referred By:	Date Available:
Are you related to any member of our District?	Yes No
If yes, who?	Relationship:
Please list any other Boards to which you are c	urrently appointed:
1	2
3	4
Occupation (or if retired, please indicate):	
Employer:	
Address:	
Phone:	

WEST MANATEE FIRE & RESCUE DISTRICT

Please complete the following: Describe those facets of your background and/or experience which you feel may be useful for membership on this Board or Committee. Should you feel it appropriate, you may include academic, vocational and skill training; diplomas, degrees, certifications, licenses; civic activities and anything else you would like to have considered for this position.

Would you be willing to serve on other boards or committees? Yes No
IMPORTANT INFORMATION
1. Be advised that membership on certain boards and committees may require financial disclosure under the Florida Ethics laws.

2. Florida State Statute 119.07 designates that this application is a public document made available for anyone requesting to view and/or copy it.

Applicants Signature: _____

Date Signed:

Date Received: _____

By: _____