



3614 S. Ocean Boulevard
Highland Beach, Florida 33478
Phone: (561) 278-4548
Fax: (561) 265-3582

Application for Board/Commission Appointment

NAME: _____

PHONE NO.: _____

ADDRESS: _____

APT NO.: _____

1. How long have you lived in the Town of Highland Beach? _____

2. Are you a full-time resident? Yes No

3. Are you a registered voter? Yes No

4. Educational background? _____

5. Please list business, volunteer, community involvement and dates: _____

6. What is the Board/Commission of your choice? _____

Describe briefly, why you wish to serve: _____

7. Do you understand that absence from 3 consecutive Regular Meetings after appointment will be considered as resignation subject to automatic acceptance? Yes No

8. Would you have any limitations on attendance at meetings if appointed? Yes No

If so, please describe: _____

9. How many meetings of your preferred Board have you attended in the past 3 years? _____

10. Do you understand the duties and responsibilities of the Board of Commission to which you are requesting appointments? Yes No

Signature of Applicant

Date

****RESUMES ARE INVITED TO BE ATTACHED****