



*"DEDICATED TO QUALITY SERVICE"*

## ADVISORY COUNCIL APPLICATION

Sarasota County Government recognizes that citizen participation is vital to a democratic, customer-oriented government. The County also recognizes the unique contributions made by volunteers and encourages involvement in the policy-making process through service as an Advisory Council member.

Please read the **Important Information** section on the reverse side, then sign, date and submit.

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I am applying for membership on the \_\_\_\_\_ Advisory Council

Category: \_\_\_\_\_ (if applicable - refer to membership qualifications)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Home

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Mailing

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Fax

No: \_\_\_\_\_ Home E-mail : \_\_\_\_\_ Are you currently a

Sarasota County resident? \_\_\_\_\_ If so, for how long? \_\_\_\_\_ Are you registered to vote in

Sarasota County? \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Do you hold elected office? If yes, what position? \_\_\_\_\_

Occupation: \_\_\_\_\_ Title: \_\_\_\_\_ Name of

Business: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Business

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Fax: \_\_\_\_\_ Business E-mail: \_\_\_\_\_

Are you currently serving on any Sarasota County Advisory Council(s)? \_\_\_\_\_

If yes, please name: \_\_\_\_\_ Please

state your background, including your education and work experience; explain how this applies to the function of the Advisory Council:

\_\_\_\_\_

List any of your professional credentials, licenses, or certificates that would be useful to this Advisory Council:

\_\_\_\_\_

\_\_\_\_\_

List any membership(s) in civic or community organizations: \_\_\_\_\_  
\_\_\_\_\_ Do you  
have or hold any employment or contractual relationship with any business entity or any agency which is  
subject to the regulation of or is doing business with the County? If yes, please  
explain. \_\_\_\_\_  
\_\_\_\_\_

Why do you want to serve on this Advisory Council?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Sarasota County Commission strives to promote diversity and provide reasonable accommodations for  
individuals with disabilities. If you are requesting accommodation, please indicate  
below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand the responsibilities associated with being a member of a Sarasota County Advisory Council and I  
agree to commit the necessary time to fulfill these responsibilities. Applicants are encouraged to attend an  
Advisory Council meeting prior to seeking membership to better understand the scope of Advisory Council  
members.

**Important Information/Be Advised that:**

1. Membership on certain Advisory Councils may have specific membership requirements, involve a  
financial disclosure, and/or require the submission of other information.
2. This Advisory Council Application Form, when completed and filed with the County, is a Public Record  
under Chapter 119, Florida Statutes, and therefore is open to public inspection.
3. Resumes may be included, but the Advisory Council Application MUST be completed and signed in  
order to be considered; use additional pages if necessary. The applicant is responsible for keeping the  
information on the application current.
4. The Sarasota County Commission has set a minimum attendance requirement of 75% of the meetings;  
failure to meet this requirement may be grounds for removal.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Thank you for your interest in Sarasota County Government. If you have any questions regarding the  
completion and submission of this application, or the duties and scope of responsibilities of the specific  
Advisory Council in which you are interested, please contact the staff representative mentioned in the  
advertisement or listed in the advisory board listing on our website. Please mail or deliver this form to the staff  
contact provided in the advertisement or given in the advisory board listing, or send by mail to the Advisory  
Board Coordinator @ Neighborhood Services, Sarasota County Government, 1660 Ringling Blvd., Sarasota,  
FL 34236. You may also fax this form by contacting the staff representative and getting the appropriate fax  
number.

Access advisory board information on the County's website at: [SCGOV.net](http://SCGOV.net).