



## ADVISORY COUNCIL APPLICATION

Thank you for your interest in serving on an advisory council for Sarasota County Government. We recognize that citizen participation is vital to a democratic, customer-oriented government. We also recognize the unique contributions made by volunteers and encourage involvement in the policy-making process through service as an Advisory Council member. You are encouraged to attend a meeting to learn more about the duties of an advisory council member or the work of the council in which you are interested. All advisory council meetings are open to the public.

For questions regarding a specific advisory council, including the duties and scope of the position for which you're applying, please contact the County staff representative listed on that board's webpage. For problems submitting an application, please email [advisory@scgov.net](mailto:advisory@scgov.net) or call 941-861-5344.

### Important Information:

1. Certain advisory councils have specific membership requirements, including financial disclosure and/or the submission of other information.
2. Upon submittal to the County, this Advisory Council Application Form becomes public record and is open to public inspection under [Chapter 119, Florida Statutes](#).
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 65 percent of the meetings. Failure to meet this requirement may be grounds for removal.
5. If appointed to serve, the County will provide an email account which must be used for all online correspondence regarding your participation in the business of the advisory council you represent. Personal email accounts may not be used. [Please review the County policy regarding mandatory use of County-provided email. A signed acknowledgement form must be submitted with your application.](#)

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I am applying for membership on the following Advisory Council:

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(NOTE: Planning Commission and BZA applicants must complete supplemental application at the end of this document.)

Membership Category: (If applicable, refer to membership qualifications) \_\_\_\_\_

Name: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_  
\_\_\_\_\_

Are you currently a Sarasota County resident? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, for how long? \_\_\_\_\_

Are you registered to vote in Sarasota County? Yes \_\_\_\_\_ No \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Do you currently serve on any Sarasota County Advisory Council(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

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

How did you hear about this vacancy? \_\_\_\_\_  
\_\_\_\_\_

Background, including education and work experience, and relevance to the function of this Advisory Council:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional credentials, licenses, or certificates relevant to this Advisory Council: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Membership(s) in civic or community organizations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have or hold any employment or contractual relationship with any business entity or agency which is subject to the regulation of or is doing business with the County? If yes, please explain:

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

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

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**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. I understand that I am offering my service without compensation. I agree to abide by all Sarasota County Commission rules, regulations and policies either published or in effect by usage, and all rules, regulations and laws of the State of Florida. By signing below, I confirm that the information provided in this application is true and complete.**

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Your application may be delivered by email, fax or mail to the appropriate County staff representative. If you are unsure where to send your application, email to [advisory@scgov.net](mailto:advisory@scgov.net) or mail to:

Sarasota County Government; Attention: Commission Services  
1660 Ringling Blvd., Sarasota, FL 34236

**[In order for your application to be considered, you must also sign and submit an acknowledgement of the County policy regarding the mandatory use of County-provided email accounts.](#)**

*Sarasota County prohibits discrimination in all services, programs or activities on the basis of race, color, national origin, age, disability, sex, marital status, familial status, religion, or genetic information. Persons with disabilities who require assistance or alternative means for communication of program information (Braille, large print, audiotape, etc.), or who wish to file a complaint, should contact: Sarasota County ADA/Civil Rights Coordinator, 1660 Ringling Blvd., Sarasota, Florida 34236, Phone: 941-861-5000, TTY: 7-1-1 or 1-800-955-8771, Email: [adacoordinator@scgov](mailto:adacoordinator@scgov).*

APPLICANT'S NAME: \_\_\_\_\_

## Supplemental Questionnaire for Board of Zoning Appeals Applicants

*In order for the Sarasota County Commission to more fully consider your Board of Zoning Appeals application, please complete the following questionnaire. Please be aware that you may schedule appointments with the Board of County Commissioners to discuss your qualifications for the Board of Zoning Appeals.*

1. Do you have any conflicts that prevent you attending meetings, especially meetings in the evening?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

*(The Board of Zoning Appeals typically meets the second Monday of the each month beginning at 6:00 p.m. Special meetings and workshops are periodically scheduled and may not follow the above schedule. **Please be aware that meetings may run late and could adjourn past midnight.**)*

2. 2. What do you feel is the most important contribution you can make as a member of the Board of Zoning Appeals?
3. 3. In what way do you feel your knowledge and experience will contribute to your role as a member of the Board of Zoning Appeals?
4. 4. Do you have any property ownerships or any business ties or personal relationships that would frequently present a conflict of interest in carrying out your responsibilities on the Board of Zoning Appeals?
5. 5. Can you communicate views well?
6. 6. Are you able to express your opinion even though it may not be the view of each/any Commission member?

*If you are applying to serve on the Board of Zoning Appeals, a copy of this supplemental questionnaire must accompany your application. Your application may be delivered by email, fax or mail to the appropriate County staff representative. If you are unsure where to send your application, email to [advisory@scgov.net](mailto:advisory@scgov.net) or mail to: Sarasota County Government; Attention: Commission Services, 1660 Ringling Blvd., Sarasota, FL 34236.*

APPLICANT'S NAME: \_\_\_\_\_

## Supplemental Questionnaire for Planning Commission Applicants

*In order for the Sarasota County Commission to more fully consider your Planning Commission application, please complete the following questionnaire. Please be aware that you may schedule appointments with the Board of County Commissioners to discuss your qualifications for the Planning Commission.*

1. Do you have any conflicts that prevent you attending meetings, especially meetings in the evening?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

*(The Planning Commission typically meets the first and third Thursdays of the each month beginning at 6:30 p.m. Special meetings and workshops are periodically scheduled and may not follow the above schedule. **Please be aware that meetings may run late and could adjourn past midnight.**)*

2. What do you see as the role and function of the Planning Commission?

3. Please define what you believe are the most admirable traits for an individual to successfully perform the responsibilities of a Planning Commission member and, specifically, how do YOU meet this definition?

4. What do you believe are the most pressing planning and land use issues in Sarasota County? How do you think they should best be resolved?

5. Describe your vision of Sarasota County in 10 years?

*If you are applying to serve on the Planning Commission, a copy of this supplemental questionnaire must accompany your application. Your application may be delivered by email, fax or mail to the appropriate County staff representative. If you are unsure where to send your application, email to [advisory@scgov.net](mailto:advisory@scgov.net) or mail to: Sarasota County Government; Attention: Commission Services, 1660 Ringling Blvd., Sarasota, FL 34236.*