

COMMITTEE VOLUNTEER
EXAMINING BOARD APPLICATION
PLEASE PRINT

NAME: _____

HOME ADDRESS: _____

MAILING ADDRESS: _____

Home Phone: _____ Business Phone: _____ Cell: _____

How is it best to contact you during the day? _____

E-mail Address: _____ Fax Number: _____

Are you a registered voter in Bay County? Yes _____ No _____

Do you currently hold an elected or appointed public office? Yes _____ No _____

If yes, which one(s)? _____

What Master Certificate in the City do you hold? _____

Do you have any relatives employed or contracted by the City of Panama City Beach or Bay County?

If yes, please explain: _____

Examining Board meets the 3rd Monday of each month at 3PM in the City Council Chambers, City Hall.

I have read and understood Section 112.313, Florida Statutes, setting forth the standards of conduct for public officials and hereby affirm my eligibility to serve on the Examining Board in a voluntary capacity.

Signature of Applicant

Date

* * * * *

Please return the completed form to Jo Smith, at the City Manager's office in person, via email to jsmith@pcbgov.com or via fax at (850) 233-5108. Closing Date for applications is Noon, June 29, 2018. Council will make their choices at their July 12, 2018 6PM meeting.

Any questions, please phone 233-5100 and ask for Jo; or email jsmith@pcbgov.com.

PLEASE ATTACH RESUME TO APPLICATION.
NOTE; APPLICANT MUST HOLD A MASTER CERTIFICATE IN HIS FIELD TO BE QUALIFIED FOR THIS BOARD.