

ADVISORY BOARD, COMMITTEE AND COMMISSION APPLICATION CITY OF DORAL

Mayor/Councilmember who re	equested your applicati	on:	
First Name:	Last Name:		
Home Address:			
City:	State:	Zip Code:	
Phone Number:			
Email Address:			
City of Doral Resident			

- □ Yes
- \Box No (If no, see below.)

In accordance with the City of Doral Code Section 2-116, "In order to qualify to serve on an Advisory Board, Committee or Commission, an individual must be a resident of the City, be employed in the City and/or own a business in the City."

If you are not a resident of the City of Doral, please provide the name and address of your employer and/or of your business in the City.

Business / Employer Name: _____

Business / Employer Address: _____

The City of Doral currently has the following Advisory Boards, Committees and Commissions:

- Citizens Audit Advisory Board
- Commission on the Status of Women
- Economic Development and Smart City Advisory Board
- Environmental Advisory Board
- Faith and Community Based Organizations Advisory Board

- Military Affairs Committee
- Parks and Cultural Advisory Board
- Police and Traffic Relief Committee
- Special Needs Advisory Board
- Youth Civic Committee

For additional information on each Advisory Board, Committee or Commission and its functions, feel free to visit our website at https://www.cityofdoral.com/government/advisory-boards/



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Choice of Advisory Board

I st Choice: _	
2 nd Choice:	
3 rd Choice:	

Have you Served on a City of Doral Advisory Board / Committee / Commission Before? Please list the names of the board, committee and/or commission served below. If none, please write N/A.

Qualification / Educational Background

In accordance with the City of Doral Code Section 2-116, "All Advisory Board, Committee or Commission members shall demonstrate experience and/or possess a background in the subject matter related to the Advisory Board, Committee or Commission in which they are appointed to fill."

Briefly describe your specific expertise, experience and/or abilities relevant to your choice(s).

Community / Civic Organization Affiliation

List the organization name, years of service (i.e. 2001-2002), and offices held (i.e. Chair, Member). If none, please write N/A.



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Applicability to Serve

In accordance with the City of Doral Code Section 2-116, "Individuals that have been convicted of a misdemeanor of a crime involving moral turpitude or a felony, shall not be allowed to serve on an Advisory Board, Committee or Commission. Individuals who have been the subject of civil proceeding(s) that would impair their ability to carry out their duties, or that puts into question their ability to serve on a specific Advisory Board, Committee or Commission, shall not be allowed to serve."

Acknowledgement and Statement of Affirmation

I hereby acknowledge and affirm that I meet all the requirements of eligibility to be a member of an Advisory Board, Committee or Commission for the City of Doral, and that should there be a violation of any of the requirements, I will be subject to removal by the City Council.

If appointed, I agree to faithfully and fully perform the duties of my office and will comply with Florida Sunshine Law, the City of Doral Charter and Code, and the Miami-Dade County Code particularly pertaining to the conduct of public officials, and the financial disclosure requirements.

I understand that in accordance with Florida Statutes Chapter 119, this information is a public record and therefore, is open to public inspection by any person.

Signature _____

Date _____

Application Submittal Instructions

This application is to be submitted <u>along with your resume</u> to the Office of the City Clerk via email at <u>cityclerk@cityofdoral.com</u>, by mail, or in person to the Office of the City Clerk located at 8401 NW 53 Terrace, Doral, FL 33166.

Thank you for your interest in serving on an advisory board. This service is essential to the City's commitment to developing policies and services that reflect the needs of the community.