## ST. JOHNS COUNTY SCHOOL BOARD

## Application for Appointment Half-Cent Sales Surtax Citizen Advisory Committee

Thank you for expressing interest to be considered for appointment by the School Board to the Citizen Advisory Committee. The School Board appreciates your willingness to serve your fellow county residents in a volunteer capacity. Please complete this application to the best of your knowledge. You may attach a resume and/or additional data. Please reference attachments in the appropriate section(s).

Name:	
Address:	Zip Code:
Phone #:	E-mail address:
How long hav	ve you been a legal resident of St. Johns County?
Most recent o	occupation/employer:
	am not a registered voter in St. Johns County, Florida.
List all active	e professional licenses and certifications:
Educational	background:
Past work ex	perience:
organizations	all civic clubs, professional organizations, public interest groups and other not-for-profits of which you are a member or in which you have been active in the last three years, particularly ohns County.

Please indicate any companies/industries doing business with St. Johns County School District in which you have a financial interest (i.e., proprietary, partnership, stock holdings, etc.)		
Please describe your involvement with public schools, particularly those in Florida and St. Johns County, and your general interest in public education:		
List three (3) personal or professional references:		
1		
2		
3		
You may use this space for a brief biographical sketch or to list other skills you possess that are relevant to this position. (Please indicate in the space below if you are attaching your resume.)		
All information provided will become a matter of public record and will be open to public inspection. If you require special accommodations because of a disability to participate in the application/selection process, you must notify the School Board in advance to allow for reasonable accommodation.		
I hereby authorize the School Board or its representatives to verify all information provided and I further acknowledge the release of any information by those in possession of such information which may be requested through public records requests. I certify that all information provided herein is true and accurate to the best of my knowledge. I understand that a volunteer position provides for no compensation except that as may be provided by Florida Statutes or other enabling legislation, and that if appointed, I shall serve at the pleasure of the School Board.		
Signature Date		
Please return completed application electronically or by mail		
to: Nicole Cubbedge		
Executive Director for Planning & Government Relations		
40 Orange Street		
St. Augustine, Florida 32084		
Phone: 904-547-7680 Fax: 904-547-7675		

nicole. cubbedge@stjohns.k12.fl.us