



## **Instructions for Submitting the Citizen Volunteer Application for Okaloosa County Boards, Commissions, Councils and Committees**

This form may be typed, hand written or filled out online and printed. Return completed, signed and notarized forms to:

Board of County Commissioners Okaloosa County  
1250 North Eglin Parkway, Suite 100  
Shalimar, FL 32579  
(850) 651-7105 Telephone  
(850) 651-7142 FAX  
[CitizenCouncils@myOkaloosa.com](mailto:CitizenCouncils@myOkaloosa.com) E-mail

To access this form on line, go to: <http://myokaloosa.com/citizen-councils/home>

If you fill out the Application online and want to keep an electronic copy on your computer, use the "Save As" command under the "File" menu, and save the document to your hard drive. If you close the document without saving, your information will be lost. Applications will be discarded if no appointment is made after two years.

Please complete the Application in its entirety. It is the applicant's responsibility to keep the information on this form current. To advise the County of any changes, or for questions about the application process, please contact Patty Cook by telephone at (850) 651-7105 or by e-mail at [CitizenCouncils@myokaloosa.com](mailto:CitizenCouncils@myokaloosa.com)

The Application and the Standards of Conduct forms must be notarized.



**Application for Okaloosa County  
Boards, Commissions, Councils and Committees**

Please indicate the Board, Commission, Council or Committee on which you are interested in serving:

\_\_\_\_\_

**Section 1 – Personal Information**

\_\_\_\_\_ Date Completed

Name: (Last, First, Middle/Maiden) \_\_\_\_\_

Residential Address: \_\_\_\_\_

City, Zip Code \_\_\_\_\_

Business Address: \_\_\_\_\_

City, Zip Code \_\_\_\_\_

Please specify the preferred mailing address:  Residential  Business

Home or Business Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Employer: \_\_\_\_\_

In which Okaloosa County Commission District do you live? \_\_\_\_\_

Florida law allows certain persons to request that an agency not publicly disclose specific identification and/or location information contained in agency records. Please refer to sections 119.071(2)(j), (4)(d), and (5)(i), 265.605 and 267.17, Fla. Stat., or applicable statute for scope of protection which may include home address, phone numbers, photos, name of spouse, and/or children, and their place of employment, and/ or school or daycare facility, and date of birth. Do you qualify for this exemption? Yes  No  If yes, please complete a Public Records Exemption Request form and return it with your application.

Are you currently serving or have you previously served on an Okaloosa County Board, Commission, Council or Committee?  Yes  No

If yes, please explain:

\_\_\_\_\_

Are you applying for reappointment?  Yes  No

## Section 2 – Education and Employment

**Please attach your resume.** If no resume is available, in the space below, briefly describe or list your educational background, your skills and experience you could contribute to a committee, any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Okaloosa County; any charitable or community activities in which you participate; and reasons for your choice of the boards, commissions, councils or committees indicated on this application.

**Education:** (If no resume)

High School:

Name	City	State
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Post-secondary Institutions:

Name and Location	Dates Attended	Certificate/Degree Earned

**Employment:** (If no resume)

Provide the requested information or all employers within the last 5 years, beginning with the most current. Attach additional pages if needed.

Employer	Address
Type of Business	Occupation/Job Title
	Dates of Employment
Employer	Address
Type of Business	Occupation/Job Title
	Dates of Employment
Employer	Address
Type of Business	Occupation/Job Title
	Dates of Employment
Employer	Address
Type of Business	Occupation/Job Title
	Dates of Employment

**Section 3 - Special Qualifications**

List any special qualifications you think are relevant to your being appointed to a board, commission, council or committee, including any type of licensure or certification you hold, as well as any civic, professional, or political organizations to which you belong.

Type or Name of License or Certificate	Number	Granting Agency	Date Granted

Name of Civic, Professional or Political Organization	Office(s) Held	Membership Start Date

Give any additional information you believe is relevant to your appointment to a board, commission, council or committee. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 4 - Ethical Disclosure**

If required by law or administrative rule, will you file financial disclosure statements?  Yes  No

Do you know of any circumstances that would result in you having to abstain from voting on a board, commission, council or committee due to having voting conflicts?  Yes  No

Are you, or any business with which you are or have been affiliated as an owner, officer, or employee, or is your spouse or child or their employers, currently doing business with, or have you or they ever held any contractual dealings during the last five years with Okaloosa County?  Yes  No

If yes, please provide:

Business Name	Your relationship in business	Agency	Business’s Relationship to Agency

Do you foresee participating in any competitive bid process for Okaloosa County during your time serving on this board, commission, council or committee?  Yes  No

Has probable cause ever been found that you were in violation of Part III, Chapter 12, Florida Statutes, the Code of Ethics for Public Officers and Employees?  Yes  No If yes, please provide:

Date	Nature of Violation	Disposition

Have you ever plead guilty, nolo contendere or been convicted of a violation of any federal, state, county or municipal law, regulation or ordinance?  Yes  No If yes, please provide:

Date	Place	Nature of Violation	Disposition

Do you have any family working for Okaloosa County Board of County Commissioners?  Yes  No If yes, please provide:

Name	Relation	Department	Title

**Section 5 – Certification and Signature**

By signing this application you are affirming that the information you provided is true and you are acknowledging the statements below:

- I understand that some boards, commissions, councils and committees have a requirement to file an annual Financial Disclosure Form.
- Information submitted on this application will be considered public information except for any exemptions pursuant to Florida Statute.
- The deadline to apply is 30 days prior to a vacancy.
- Citizen advisory members must be citizens of Okaloosa County, except as specifically provided by County resolution.
- Okaloosa County employees may not serve on any decision making boards, commissions, councils or committees, except as specifically provided by County resolution or as required to perform official County duties.
- Submission of an application does not ensure an appointment on a board, commission, council or committee.
- Participation on a board, commission, council or committee requires my attendance at the majority of the meetings of said board, commission, council or committee.
- This is a volunteer position and I will not receive financial compensation for serving.
- For background purposes, if asked I will complete an *Authorization Form for Consumer Report*.
- Permission is hereby granted to Okaloosa County to investigate my personal history, conduct a criminal background investigation, and solicit statements from any person or organization with

which I have ever been associated. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted to Okaloosa County to furnish such information to third parties in the course of fulfilling its official responsibilities. I hereby release Okaloosa County and all persons or organizations from any liability arising from such statements, their solicitation or use. A photocopy of this form will be as effective as the original.

STATE OF FLORIDA  
COUNTY OF OKALOOSA

Before me, the undersigned Notary Public of Florida, personally appeared

\_\_\_\_\_  
who, after being duly sworn, declares: (1) that he/she has carefully and personally reviewed the answers to the foregoing questions; (2) that the information is complete, true and correct under penalty of perjury; and (3) that he/she will, as appointee, uphold the constitutions of the United States and of the State of Florida.

\_\_\_\_\_  
Signature of Applicant Date

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary Public-State of Florida)

(NOTARY SEAL) \_\_\_\_\_  
(Name of Notary Typed, Printed, or Stamped)

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_