

Note: Information for the following question will be used to satisfy Equal Opportunity reporting requirements. Your response is optional.

5. Sex: _____

6. Date of birth: _____ (needed to confirm voter registration/residency)

7. Do you currently serve on any board, council, committee, or authority in the State of Florida?
____ Yes ____ No

If yes, list name of board(s): _____

(Please note that unless specifically approved by the Board of County Commissioners (BOCC), no citizen may serve on more than one board/council/committee/authority at a time that is appointed by the BOCC.)

8. Are you a resident of Hillsborough County? ____ Yes ____ No / How long? _____

9. Are you a registered voter in Hillsborough County? ____ Yes ____ No

10. Do you have any relatives working for Hillsborough County? ____ Yes ____ No

If yes, list their name, relationship, and office: _____

11. If appointed, do you know of any reason whatsoever why you will not be able to attend regularly scheduled meetings or otherwise fulfill the duties of the Diversity Advisory Council?
____ Yes ____ No If yes, please explain: _____

12. Citizen members shall be appointed in a manner to avoid conflicts of interest or the appearance of conflicts of interest. Do you know of any reason that would prohibit you from serving on this board that could be deemed as a conflict of interest? ____ Yes ____ No

If yes, please explain: _____

13. Have you or a business of which you have been an owner/ officer/employee held any contractual, or other dealings, during the last three years with any HC government agency? (Including the agency to which you seek appointment) ____ Yes ____ No

14. Has a member of your immediate family or business of which they have been an owner/ officer/ employee, held any contractual or other dealings, during the last three years with any Hillsborough County government agency? (Including the agency to which you seek appointment)
____ Yes ____ No

If you answered yes to either of the above questions, please list below.

BUSINESS	YOUR RELATIONSHIP TO BUSINESS	BUSINESS RELATIONSHIP TO AGENCY

15. Please list three people who have known you well within the past five years. Include a current and complete address, phone number, and the capacity in which they have known you. Please list only those people who have given their consent to be used as a reference.

If the information below is exempt from public disclosure per Chapter 119, Florida Statutes (the Public Records Law), please check: ____ (Identify which one)

	NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP

16. Name any business, professional, civic, or fraternal organizations of which you are a member, and the dates of your membership. Not Applicable ____

ORGANIZATIONS	DATE OF MEMBERSHIP

By signing below, you are affirming that the information you provided is true. For this form to be valid, please sign and date below.

PRINT NAME

SIGNATURE

DATE

E-MAIL ADDRESS

FAX NUMBER

INSTRUCTIONS FOR SUBMITTAL:

MAIL TO:
Boards & Councils Coordinator
P. O. Box 1110
Tampa, FL 33601

SCAN AND E-MAIL TO:
FinleyL@HillsboroughCounty.org

DELIVER TO:
601 E. Kennedy Blvd., 2nd Floor
Tampa, FL 33602

FAX TO:
813-239-3916