

City of Shoreacres
Application for the appointment to Parks and Recreation
Advisory Board

Name: _____ Date: _____

Date of Birth: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Employer: _____ Position: _____

Marital Status: _____ Spouse: _____

Number of Children: _____ Ages: _____

Outside interests: _____

List any Organizations, Programs you are involved in or have been in the last twelve months: _____

Why do you feel you would be a good choice for the Appointment to the Parks and Recreation Advisory Board: _____

Signature