



# CITY OF DeLAND

120 South Florida Avenue – DeLand, Florida 32720

## APPLICATION FOR APPOINTMENT CITIZEN BUDGET ADVISORY COMMITTEE

**MISSION:** Establish an energetic group of citizens to advise the City Manager and City Commission, from a citizen’s perspective, on how to reduce future City budgets, and provide recommendations based upon given objectives, using the City’s Strategic Plan as the guide for which programs and services will be provided.

**CRITERIA:** The Committee shall be comprised of 11 members with those members either residing or working within the corporate limits of DeLand. Membership on this Committee is intended to include a level of expertise and working knowledge in management, finance, and budget and taxation. To accomplish this, to the extent practical, the Committee shall include members with expertise in Accounting, Insurance, Finance, Process Improvement, Human Resources, Manufacturing, Employment Law, Management, and Purchasing and/or Contracting. The forgoing shall not preclude the appointment of some residents without experience in the prescribed areas. The term of initial appointments shall be for two budget cycles.

### **APPLICANT INFORMATION:**

(Please Type or Print Clearly)

**NAME:** \_\_\_\_\_  
(Last) (First) (Middle)

**ADDRESS: (HOME)** \_\_\_\_\_

**CITY, STATE, & ZIP CODE :** \_\_\_\_\_

**TELEPHONE NUMBER: (HOME)** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**ADDRESS: (OFFICE)** \_\_\_\_\_

**CITY, STATE, & ZIP CODE :** \_\_\_\_\_

**TELEPHONE NUMBER (OFFICE)** \_\_\_\_\_ **(FAX)** \_\_\_\_\_

**POSITION:** \_\_\_\_\_ **HOW LONG:** \_\_\_\_\_

**EDUCATION:** SCHOOL YRS COMPLETED DEGREES  
**HIGH SCHOOL:** \_\_\_\_\_

**COLLEGE:** \_\_\_\_\_

**DO YOU WORK WITHIN THE CITY LIMITS:** YES \_\_\_\_\_ NO \_\_\_\_\_

**ARE YOU A CITY RESIDENT?** YES \_\_\_\_\_ NO \_\_\_\_\_

**HOW LONG HAVE YOU LIVED IN THE DELAND AREA?** YEARS \_\_\_\_\_

**ARE YOU CURRENTLY SERVING ON A CITY BOARD?** YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, LIST BOARD AND TIME SERVED \_\_\_\_\_

ARE YOU CURRENTLY SERVING FOR ANY OTHER GOVERNMENTAL AGENCY ADVISORY BOARD?  
YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, LIST BOARD AND TIME SERVED \_\_\_\_\_

CAN YOU ATTEND DAYTIME MEETINGS? YES \_\_\_\_\_ NO \_\_\_\_\_

WORK EXPERIENCE: \_\_\_\_\_

PLEASE INDICATE IF YOU HAVE WORKING KNOWLEDGE OR EXPERTISE IN ANY OF THE FOLLOWING AREAS:

ACCOUNTING \_\_\_\_\_ INSURANCE \_\_\_\_\_ FINANCE \_\_\_\_\_ PROCESS IMPROVEMENT \_\_\_\_\_

HUMAN RESOURCES \_\_\_\_\_ MANUFACTURING \_\_\_\_\_ EMPLOYMENT LAW \_\_\_\_\_ MANAGEMENT \_\_\_\_\_

PURCHASING AND/OR CONTRACTING \_\_\_\_\_

COMMUNITY INVOLVEMENT: \_\_\_\_\_

AFFILIATIONS: \_\_\_\_\_

INTERESTS/ACTIVITIES: \_\_\_\_\_

WHY DO YOU DESIRE TO SERVE ON THIS BOARD? \_\_\_\_\_

A RESUME OR SEPARATE SHEET WITH ADDITIONAL INFORMATION MAY BE INCLUDED

I UNDERSTAND THE RESPONSIBILITIES ASSOCIATED WITH BEING A COMMITTEE MEMBER, AND I HAVE ADEQUATE TIME TO SERVE ON THE ABOVE COMMITTEE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

IF YOU HAVE QUESTIONS, PLEASE CALL THE OFFICE OF CITY CLERK (626-7132). RETURN THIS FORM TO THE CITY CLERK'S OFFICE, 120 SOUTH FLORIDA AVENUE, DeLAND, FLORIDA 32720.