CITY OF OAK HILL

234 South US Hwy #1 Oak Hill, Florida 32759

Phone: (386) 345-3522 X 2 FAX: (386) 345-1834



Please choose the Board(s) for which you wish to apply. If applying for more than one Board, you must number in order of your			
preference.			
*PLDRC (Planning Board) Historical Preservation Board Economic Development Board Parks and Recreation Board Waterfront Board			
Members of the Boards with an asterisk (*) are required to file a Financial Disclosure yearly with Volusia County Supervisor of Elections.			
PERSONAL INFORMATION			
Name:			
Address:			
Home Phone: Business/Cell Phone:			
E-Mail Address:			
Occupation: Are you a resident of Oak Hill? how long			
Is your principal place of employment in Oak Hill?			
Are you currently serving on a City Board? Have you ever served on a City Board?			
If yes, when and which Board?			
<u>REFERENCES</u> - Please list three business and/or personal			
Name, address and phone			
Name, address and phone			
Name, address and phone			

EDUCATION

High School		
College		
Degree(s)		
Degree(s)		·····
WORK EXPERIENCE		
INTERESTS/ACTIVITIES		
COMMUNITY INVOLVEMENT		
WHY DO YOU DESIRE TO SERVE ON THIS/THE	ESE BOARDS?	
EVDEDIENCE/OHAT IEICATIONS DELATED TO	DOADD(S) ADDI VINC FOD	
EXPERIENCE/QUALIFICATIONS RELATED TO	DOARD(S) APPLIING FOR _	
A resume or separate sheet with additional informa application to the City Clerk's Office.	tion may be included with your	application. Please return the
I understand the responsibilities associated with bei	ing a board member, and I have	adequate time to serve if appointed.
Applicant Signature	Date	