

**ST. JOHNS COUNTY SCHOOL BOARD**  
**Application for Appointment**  
**St. Johns County Planning & Zoning Board (PZA)**

\_\_\_\_\_  
Date received by School Board

Thank you for expressing interest to be considered for appointment to the PZA by the School Board. The School Board appreciates your willingness to serve your fellow county residents in a volunteer capacity. Please complete this application to the best of your knowledge. (You may attach a resume and/or additional data. Please reference attachments in the appropriate section(s).

Name: \_\_\_\_\_ District #: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

How long have you been a legal resident of St. Johns County? \_\_\_\_\_

Most recent occupation/employer: \_\_\_\_\_

I am \_\_\_\_ I am not \_\_\_\_ a registered voter in St. Johns County, Florida.

List all active professional licenses and certifications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Educational background: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Past work experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list all civic clubs, professional organizations, public interest groups and other not-for-profit organizations of which you are a member or in which you have been active in the last three years, particularly those in St. Johns County.

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Please list the location and size of all parcels of property in St. Johns County of which you have ownership.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate any companies/industries doing business in St. Johns County in which you have a financial interest (i.e., proprietary, partnership, stock holdings, etc.) \_\_\_\_\_

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Please describe your involvement with public schools, particularly those in Florida and St. Johns County, and your general interest in public education:

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List three (3) personal or professional references:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

You may use this space for a brief biographical sketch or to list other skills you possess that are relevant to this position. (Please indicate in the space below if you are attaching your resume.)

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All information provided will become a matter of public record and will be open to public inspection. If you require special accommodations because of a disability to participate in the application/selection process, you must notify the School Board in advance to allow for reasonable accommodation.

I hereby authorize the School Board or its representatives to verify all information provided and I further authorize the release of any information by those in possession of such information which may be requested by the County. I certify that all information provided herein is true and accurate to the best of my knowledge. I understand that a volunteer position provides for no compensation except that as may be provided by Florida Statutes or other enabling legislation, and that if appointed, I shall serve at the pleasure of the School Board.

\_\_\_\_\_  
Signature Date

Please return completed application to:  
Judith Harvey, Executive Secretary  
Planning & Government Relations  
40 Orange Street  
St. Augustine, Florida 32084  
Phone: 904-547-7680 Fax: 904-547-7695