

ST. JOHNS COUNTY SCHOOL BOARD
Application for Appointment
Superintendent's Search Citizen Advisory Committee

Must be received by Monday, April 25, 2016

Thank you for expressing interest to be considered for appointment by the School Board to the Superintendent's Search Citizen Advisory Committee. 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 and attach a resume and/or additional data. Members must be available to attend a meeting on all three of the following dates: August 4th, 11th, and 18th. These meetings will be held at 6 p.m. in the School Board Auditorium at 40 Orange Street, St. Augustine, FL 32084.

Name: _____

Address: _____ Zip Code: _____

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.

Educational background and active professional licenses/certifications:

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.

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

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.)

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 acknowledge the release of any information by those in possession of such information which may be requested through public records requests. 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. I also understand that this committee shall perform its responsibilities under Florida's Sunshine Law and comply with Florida's Public Records Law.

Signature **Date**

Please return completed application electronically or by mail by April 25, 2016 to:

**Martha Mickler
Assistant Superintendent
40 Orange Street
St. Augustine, Florida 32084
Phone: 904-547-7520 Fax: 904-547-7535
martha.mickler@stjohns.k12.fl.us**