



CITIZEN PARTICIPATION APPLICATION

I wish to apply for appointment to the _____, I understand that if appointed, I will serve in a volunteer capacity on this advisory board.

Name: _____

Phone: _____

Address: _____

Fax: _____

Email: _____

Occupation: _____

Phone: _____

Address: _____

Fax: _____

Are you a registered voter? Yes No

In what District do you reside? _____

How long have you lived in Putnam County? _____

Professional Qualifications:

What would you hope to accomplish by your participation?

When are you NOT available for meetings?

By my signature below, I certify that the information on this application is true and complete. I understand that false statements will be cause for denial of appointment. I also understand that, if appointed, the State of Florida may require me to file a financial disclosure with the Putnam County Supervisor of Elections within thirty (30) days of my appointment, and each year thereafter, covering my term of appointment.

SIGNATURE OF APPLICANT

DATE