

**CITY OF HALLANDALE BEACH
BOARD AND COMMITTEE APPLICATION**

Please use additional paper as necessary to respond to any of the questions on this application. Questions may be directed to the City Clerk's Office, 954-457-1340.

First Name: Willie Last Name: Clark

Home Address: 816 N. W. 4TH AVE.

City: HALLANDALE State: FLA. Zip Code: 33609

Home Phone: 954-205-9135 Business Phone: _____

Email Address: _____

If Applicable, How Long Have You Lived in Hallandale Beach? 65 YRS.

Current Occupation: RETIRED

Days Available To Attend Meetings:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Hours Available To Attend Meetings:

Mornings MIDDAYS _____ Afternoons _____ Nights _____

Prior Work/Volunteer Experience:

1. CITY OF HALLANDALE 25 YRS
2. _____
3. _____
4. _____

Why Do You Want To Serve On a Board or Committee?

Please choose your **first, second and third choices** among the following Boards and Committees which are active in Hallandale Beach. If you are interested in only one, this should be indicated. (Descriptions are attached to this application).....

- | | | | |
|-------------------------------|-------|-----------------------------------|-------------------------------------|
| Beautification Advisory Board | _____ | Code & Permitting - | _____ |
| Civil Service Board | _____ | Advisory Committee | _____ |
| Historic Preservation Board | _____ | Education Advisory Committee | _____ |
| Marine Advisory Committee | _____ | Human Services Advisory Board | _____ |
| Planning & Zoning Board | _____ | Parks & Recreation Advisory Board | _____ |
| Public Transportation /Flood- | _____ | Police/Fire Pension Board | _____ |
| Mitigation Advisory Board | _____ | Ad Hoc Cemetery Committee | <input checked="" type="checkbox"/> |
| Unsafe Structures Board | _____ | Community Partnership Grants | _____ |
| Charter Review Committee | _____ | Committee | _____ |
| Community Police Advisory | _____ | Other (Please Specify) | _____ |
| Committee | _____ | | |

What special qualifications do you feel you would bring to this board or committee?

Your application may be considered for other Boards or Committees than those you selected above. If selected, would you be willing to serve on any other board or committee? Yes _____ No

Your application is valid for one year from the date you submit it. During that time, it will be automatically submitted for any vacancies which may occur. You will not be contacted prior to each submittal. Is this acceptable? Yes _____ No _____

Please provide any additional information you feel would help the City Commission in appointing you to a Board or Committee:

SEND THIS APPLICATION TO THE CITY CLERK'S OFFICE, CITY OF HALLANDALE BEACH, 400 SOUTH FEDERAL HWY., HALLANDALE BEACH, FLORIDA, DROP OFF AT CITY HALL, ROOM 242 OR SEND VIA INTERNET

=====

FOR USE BY CITY OF HALLANDALE BEACH ONLY

Appointed To: _____

Date of Appointment: _____

Term of Appointment: _____

**CITY OF HALLANDALE BEACH
BOARD AND COMMITTEE APPLICATION**

Please use additional paper as necessary to respond to any of the questions on this application.
Questions may be directed to the City Clerk's Office, 954-457-1340.

First Name: Leslie Bell Last Name: Bell

Home Address: 700 NW 9th St

City: Hialeah State: FL Zip Code: 33009

Home Phone: 954 458 1629 Business Phone: _____

Email Address: _____

If Applicable, How Long Have You Lived in Hallandale Beach? All my life

Current Occupation: Teacher Jason Taylor Reading Room
Mirama FL

Days Available To Attend Meetings:

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Hours Available To Attend Meetings:

Mornings / Middays ___ Afternoons ___ Nights /

Prior Work/Volunteer Experience:

1. Church
2. Senior Breakfast Tuesday
3. VISIONS non profit organization
4. _____

Why Do You Want To Serve On a Board or Committee?

To better our community

Please choose your **first, second and third choices** among the following Boards and Committees which are active in Hallandale Beach. If you are interested in only one, this should be indicated. (Descriptions are attached to this application)

- | | | | |
|-------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|
| Beautification Advisory Board | <input checked="" type="checkbox"/> | Code & Permitting - | |
| Civil Service Board | <input type="checkbox"/> | Advisory Committee | |
| Historic Preservation Board | <input type="checkbox"/> | Education Advisory Committee | <input checked="" type="checkbox"/> |
| Marine Advisory Committee | <input type="checkbox"/> | Human Services Advisory Board | <input type="checkbox"/> |
| Planning & Zoning Board | <input type="checkbox"/> | Parks & Recreation Advisory Board | <input type="checkbox"/> |
| Public Transportation /Flood- | | Police/Fire Pension Board | |
| Mitigation Advisory Board | <input type="checkbox"/> | Ad Hoc Cemetery Committee | <input checked="" type="checkbox"/> |
| Unsafe Structures Board | <input type="checkbox"/> | Community Partnership Grants | |
| Charter Review Committee | <input type="checkbox"/> | Committee | <input type="checkbox"/> |
| Community Police Advisory | | Other (Please Specify) | <input type="checkbox"/> |
| Committee | <input type="checkbox"/> | | |

What special qualifications do you feel you would bring to this board or committee?

Your application may be considered for other Boards or Committees than those you selected above. If selected, would you be willing to serve on any other board or committee? Yes No

Your application is valid for one year from the date you submit it. During that time, it will be automatically submitted for any vacancies which may occur. You will not be contacted prior to each submittal. Is this acceptable? Yes No

Please provide any additional information you feel would help the City Commission in appointing you to a Board or Committee:

SEND THIS APPLICATION TO THE CITY CLERK'S OFFICE, CITY OF HALLANDALE BEACH, 400 SOUTH FEDERAL HWY., HALLANDALE BEACH, FLORIDA, DROP OFF AT CITY HALL, ROOM 242 OR SEND VIA INTERNET

=====

FOR USE BY CITY OF HALLANDALE BEACH ONLY

Appointed To: _____

Date of Appointment: _____

Term of Appointment: _____