Depending on the web browser, this form may need to be downloaded prior to checking the check boxes.

Hernando/Citrus Metropolitan Planning Organization
Board & Committee Volunteer Application

(Please type or print clearly)

Name: _____

THE FOLLOWING INFORMATION IS REQUIRED FOR COUNTY RECORDS AND BECOMES PUBLIC RECORD UPON SUBMITTING THIS APPLICATION. IF YOU BELIEVE THAT YOU QUALIFY FOR AN EXEMPTION TO THE RELEASE OF THIS INFORMATION, PURSUANT TO F.S. 119.07, PLEASE STATE THE BASIS OF YOUR EXEMPTION.

Are you a resident of Hernando County? ☐ **Citrus County?** ☐ **For how long?** _____

Do you reside within the city limits of Brooksville? ☐ **Crystal River?** ☐ **Inverness?** ☐

Physical Address _____ **City** _____ **Zip** _____

Mailing Address (if different) _____ **City** _____ **Zip** _____

Telephone (home/cell) _____ **Business/Other**_____ **Email** _____

Occupation _____

These committees may require travel outside of our county of residence. Are you willing to travel to Hernando or Citrus Counties as necessary to participate in meetings and remain active? Yes ☐ **No** ☐

Brief Resume of Education and Experience (Please include any certificates, awards, diplomas, degrees, professional license numbers, etc.).

_____

_____

Why are you interested in serving on this Board/Committee?_____

_____

Please list three references, including address, phone numbers and email address.

1. _____
2. _____
3. _____

Board/Committee Interested in Volunteering for:

☐ **BICYCLE/PEDESTRIAN ADVISORY COMMITTEE (BPAC) – 2-year term, 11 members**

☐ **CITIZENS ADVISORY COMMITTEE (CAC) – 2-year term, 11 members**

☐ **HERNANDO COUNTY TRANSPORTATION DISADVANTAGED LOCAL COORDINATING BOARD (TDLCB) – 3-year term, 17 members (some positions require agency participation.)**

☐ **CITRUS COUNTY TRANSPORTATION DISADVANTAGED LOCAL COORDINATING BOARD (LCB) – 3-year term, members (some positions require agency participation.)**

Is there a specific Board/Committee position you are interested in applying for? If so, please list the position below:

_____

Have you ever been convicted of a felony or a misdemeanor (or similar offense) by court martial or plead nolo contendre (no contest) to such an offense, or plead guilty to such an offense (including all instances of the foregoing, even if adjudication was withheld or if you were placed on probation)?
(Answering Yes does not automatically disqualify you for consideration) **Yes** ☐ **No** ☐

If yes, state the court, crime committed, disposition of case, and dates_____

_____

Emergency Contact #1:_____**Relationship:**_____ **Phone No.** _____

Emergency Contact #2:_____**Relationship:**_____ **Phone No.** _____

I hereby request consideration as a board/committee appointee. It is my intention to familiarize myself with the duties and responsibilities of the office to which I may be appointed, and to fulfill the appointment to the best of my ability, exercising good judgment, fairness, impartiality, and faithful attendance. I also agree to file a Financial Disclosure form as required by State law, if applicable, and abide by the provisions of the Government-in-the-Sunshine State Law.

I, the above-named applicant, agree to act as a volunteer for Hernando/Citrus Metropolitan Planning Organization (the "MPO"). I acknowledge and agree that activities performed by me as a volunteer will be performed strictly on a volunteer basis, without any pay, compensation, or benefits. I agree to comply with the rules and regulations established by the MPO to include, but not limited to, accurate recording of volunteer hours. Failure to comply with the rules and regulations may result in my immediate removal as a volunteer. If I am convicted of or plead no contest to a crime during my tenure as a volunteer, I agree to notify the Volunteer Coordinator immediately. I understand that during my volunteer activities, I may encounter individuals who have not received a background screening.

I agree ☐ *I do NOT agree* ☐

I grant Hernando County full permission to use my photographs, videotapes, or any other manner of recording my participation in this Program for any purpose.

I hereby confirm that I have read and understand this application and that all information furnished by me is true and accurate. I understand that to be considered for this committee, I must be a resident of the county I am representing (either Hernando or Citrus County) and cannot be an elected official and/or a technical person involved in transportation planning in the county I am representing.

_____
(Printed Name)

_____ _____
(Signature) (Date)

Please complete this form and return it to:

Hernando/Citrus MPO
789 Providence Boulevard
Brooksville, Florida 34601
Email: mpo@hernandocounty.us

Print Form **Reset Form**