

ST. JOHNS COUNTY SCHOOL BOARD

Application for Appointment Value Adjustment Board (VAB)

Date received by School Board

Thank you for expressing interest to be considered for appointment to the VAB 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? _____

Name and Location of Business: _____

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.) _____

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 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