Citizens Advisory Committee Membership Application

Name:

Home Address:

Home Phone: Business Phone:

Mailing Address *(if different from above)*

Email Address:

Place of Residence:

- ☐ Alachua
- ☐ Archer
- ☐ Gainesville
- ☐ Hawthorne
- ☐ High Springs
- ☐ La Crosse
- ☐ Micanopy
- ☐ Newberry
- ☐ Waldo
- ☐ Other Alachua County

Would you consider your residence to be in a rural community? ☐ Yes ☐ No

How long have you resided in this location? _____

Employer & Job Title: _____

Please describe your background and experience, which you believe provides a useful perspective for the CAC.

Please list membership in civic and professional organizations and leadership roles you have held.

Do you serve on a city or county board or committee? If so, what is the name?

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Can you commit to consistently attending the CAC monthly meetings?

☐ Yes ☐ No

If a membership vacancy is not available on the CAC, may we submit your application when one occurs?

☐ Yes ☐ No

Demographic Information *(Optional)*

Gender

☐ Female ☐ Male ☐ Other

Race/Ethnicity

☐ White
☐ Hispanic or Latino
☐ Black or African American
☐ Asian or Pacific Islander
☐ American Indian or Alaskan Native
☐ Multi-racial
☐ Other

Age Range

☐ 18-29
☐ 30-44
☐ 45-59
☐ 60 or older

Signature

_____

Date

_____

Please save this form as a PDF and email to Anoch Whitfield at anoch.whitfield@gactpo.org or print and mail to 10 SW 2nd Ave., Gainesville, FL 32601.