



# CITY OF DeLAND

120 S. Florida Avenue  
DeLand, FL 32720

## APPLICATION FOR APPOINTMENT SPRING HILL COMMUNITY REDEVELOPMENT AGENCY

**CRITERIA:** MUST BE A RESIDENT OF THE CITY OF DELAND AND PART OF THE DESIGNATED SPRING HILL AREA.

This Board will consist of : Two members of the County Council, three members of the City Commission, one citizen from the unincorporated portion of Spring Hill (appointed by County Council), and one from the incorporated portion of Spring Hill (appointed by the City Commission). Board Members will develop recommendations on the redevelopment of the Spring Hill area. This will include providing input on, reviewing, and recommending a long term community redevelopment plan for the area.

### APPLICANT INFORMATION:

(Please Type or Print Clearly)

**Name** (*Last, First, Middle*): \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Mailing Address (If different):** \_\_\_\_\_

**Telephone Number / Extension:** (       ) \_\_\_\_\_

**Emergency Telephone Number:** (       ) \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **How Long:** \_\_\_\_\_

<b>Education: School</b>	<b>Yrs. Completed</b>	<b>Degrees</b>
<b>High School:</b>		

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**Colleges:**

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**Do you currently work within the City limits?** YES \_\_\_\_\_ NO \_\_\_\_\_

**Are you a City Resident?** YES \_\_\_\_\_ NO \_\_\_\_\_

**Are you currently serving on a City board?** YES \_\_\_\_\_ NO \_\_\_\_\_

**Are you currently serving on any advisory board for any other governmental agency?**  
YES \_\_\_\_\_ NO \_\_\_\_\_

(Continued on Reverse)

**INTEREST/ACTIVITIES:**

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**COMMUNITY INVOLVEMENT:**

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**WHY DO YOU DESIRE TO SERVE ON THIS BOARD?**

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**CURRENT EMPLOYMENT AND WORK EXPERIENCE:**

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**CAN YOU ATTEND DAYTIME MEETINGS?** YES \_\_\_\_\_ NO \_\_\_\_\_

**A RESUME OR SEPARATE SHEET WITH ADDITIONAL INFORMATION MAY BE INCLUDED**

**I UNDERSTAND THE RESPONSIBILITIES ASSOCIATED WITH BEING A BOARD MEMBER, AND I HAVE ADEQUATE TIME TO SERVE ON THE ABOVE BOARD.**

\_\_\_\_\_  
SIGNATURE

DATE SUBMITTED: \_\_\_\_\_

Please return application to:  
City Clerk, 120 South Florida Avenue, DeLand, Florida 32720