

ST. JOHNS COUNTY AIRPORT AUTHORITY COMMITTEE APPLICATION

Thank you for expressing interest as an Airport Committee Volunteer. 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: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ E-mail Address: _____

Preferred Committee:

Audit, Finance & Operations Committee

Master Plan Committee

Policy Committee

Safety & Risk Management Committee

How long have you been a legal resident of St. Johns County? _____

Most recent occupation/employer: _____

I am 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. _____ 2. _____

3. _____ 4. _____

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.) _____

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:

I understand my information will become Public Record and will be open to public inspection. This application will be kept on file for three (3) fiscal years after resignation or committee abolishment.

If you require special accommodations because of a disability, please notify the Airport Authority in advance to allow for reasonable accommodation.

I hereby authorize St. Johns County Airport Authority Board or its representatives to verify all information provided. I certify that all information provided herein is true and accurate to the best of my knowledge. I understand that as a volunteer, no compensation is provided, and I shall serve at the pleasure of the Airport Authority.

Signature

Date

**Please return completed application to:
St. Johns County Airport Authority
4796 US Highway 1 N, St Augustine, FL 32095
Phone: (904) 209-0090, Info@SGJ-Airport.com**

AA Office Use:

Date Received: _____

Reviewed By: _____

Approved By: _____