



Walton County Committee Volunteer Application

PLEASE PRINT

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____ FAX NUMBER: _____

Please provide a brief explanation of your education, qualifications and experience. (Attach separate sheet or resume if desired)

Are you a registered voter in Walton County? YES _____ NO _____

How long have you lived in Walton County? _____

Please indicate the boards, commissions or committees on which you are interested in serving.

- | | |
|--|--|
| <input type="checkbox"/> ADA Committee | <input type="checkbox"/> Library Advisory Board |
| <input type="checkbox"/> Affordable Housing Committee | <input type="checkbox"/> Planning Commission* |
| <input type="checkbox"/> Coastal Dune Lake Advisory Committee | <input type="checkbox"/> Recreation Board |
| <input type="checkbox"/> Code Enforcement Board* | <input type="checkbox"/> RESTORE Committee |
| <input type="checkbox"/> Community Development Citizens Advisory Board | <input type="checkbox"/> TRIUMPH Advisory Board |
| <input type="checkbox"/> Community Emergency Response Team | <input type="checkbox"/> Zoning Board of Adjustments* |
| <input type="checkbox"/> Contractors' Competency Board | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> Design Review Board* | |

Additional comments you would like to add:

My signature below indicates my desire to serve Walton County in a voluntary capacity as a member of one of its Boards, Committees, Panels or Commissions. I understand there is no financial compensation for serving, but that I may receive some reimbursement for mileage expenses incurred in performing official duties. I also understand that some of these entities (**those marked with ***) have a requirement to file an annual Financial Disclosure Form.

Signature

Date

Please return this completed form and any attached documents to Walton County Administration in person or by mail to:
76 N. 6th Street, DeFuniak Springs, FL 32433 or by fax to (850) 892-8454