



**CITY OF POMPANO BEACH  
ADVISORY BOARD / COMMITTEE  
APPLICATION**

City Clerk's Office Phone: 954-786-4611 Fax: 954-786-4095  
Post Office Drawer 1300, Pompano Beach, FL 33061  
www.mypompanobeach.org

Mr. X Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_ Miss \_\_\_\_\_ Name: HARRY DIAMOND  
(Optional)

**Residence Information:**

Home Address: 410 SE 5th Street  
City/State/Zip: POMPANO BEACH, FL 33060  
Home Phone: 954-545-5141 Cell Phone: 802-688-3909  
Email: APPLEBARNHARRY@gmail.com Fax: \_\_\_\_\_

**Business Information:**

Employer/Business Name: VALOR VENTURES  
Current Position / Occupation: PRESIDENT  
Business Address: 3313 SE 30th St  
City/State/Zip: POMPANO BEACH FL 33062  
Business Phone: 954-545-5141 Fax: \_\_\_\_\_ Email: VALORVENTURESINC@gmail.com

Are you a U.S. Citizen? Yes X No \_\_\_\_\_

Are you a resident of Pompano Beach? Yes X No \_\_\_\_\_ Reside in District: 1 2 3 4 5

Do you own real property in Pompano Beach? Yes \_\_\_\_\_ No X

Are you a registered voter? Yes X No \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No X

Current or prior service on governmental boards and/or committees: \_\_\_\_\_

**Please make a check next to the Advisory Boards/Committees you would like to serve on:**

<input type="checkbox"/> Affordable Housing	<input type="checkbox"/> Cultural Arts	<input type="checkbox"/> Parks and Recreation
<input type="checkbox"/> Air Park	<input type="checkbox"/> Education	<input type="checkbox"/> *Planning & Zoning/Local Planning Agency
<input type="checkbox"/> Architectural Appearance	<input checked="" type="checkbox"/> Emergency Medical Services	<input type="checkbox"/> *Police & Firefighter's Retirement System
<input type="checkbox"/> Budget Review	<input type="checkbox"/> *Employee's Board of Appeals	<input type="checkbox"/> Pompano Beach Economic Development Council
<input type="checkbox"/> Charter Amendment	<input type="checkbox"/> Employee's Health Insurance	<input type="checkbox"/> Recycling & Solid Waste
<input type="checkbox"/> Community Appearance	<input type="checkbox"/> *General Employee's Retirement System	<input type="checkbox"/> Sand & Spurs Riding Stables
<input type="checkbox"/> *Community Development	<input type="checkbox"/> Golf	<input type="checkbox"/> Marine
<input type="checkbox"/> CRA East	<input type="checkbox"/> Historic Preservation	<input type="checkbox"/> *Unsafe Structures
<input type="checkbox"/> CRA West	<input type="checkbox"/> *Housing Authority of Pompano Beach	<input type="checkbox"/> *Zoning Board of Appeals

\*Financial Disclosure Form is required, if appointed to serve, upon appointment and upon resignation/retirement.

In addition a Resume may be attached

Education: BACHELOR OF TECHNOLOGY AT NEW YORK INSTITUTE OF TECHNOLOGY

FIRST AID, AED, CPR, CELLULAR CLEANSING + NUTRITIONAL HEALTH

Experience: CURRENT CERT STEERING COMMITTEE MEMBER AND ZONE CAPTAIN

FIRST AID, AED, CPR, EXECUTIVE TRAINER, NUTRITIONAL HEALTH COACH,

MASTER CELLULAR CLEANSING COACH

Past Positions: EXECUTIVE AT ENGINEERING + MANUFACTURING Co.

OWNER + OPERATOR OF A VERMONT FARM MARKET, APPLE ORCHARD, BAKERY, AGRITOURISM

CENTER, GUEST BAKER FOR NBC NEWS.

Hobbies: SCUBA DIVING, TRAVEL, COOKING, BAKING, HIKING,

**Making any false statements herein may be cause for revocation by the City Commission of any appointment to a Board/Committee.**

Signature: Helen Diamond

Date: 5/22/12

Initials of Clerk or Deputy: HJ

Date received or confirmed: July 2016

Please check one: ☒ New Application ☐ Currently Serving on Board ☐ Updated Information

Note: Application is effective for one year from date of completion. If you have any questions on the above, please call the City Clerk's Office at: 954-786-4611, or send via fax to: 954-786-4095.



No Response  
1-26-11

**CITY OF POMPANO BEACH, FL  
ADVISORY BOARD/COMMITTEE APPLICATION**

City Clerk's Office  
Post Office Drawer 1300  
Pompano Beach, Florida 33061

Fax No.: (954) 786-4095

Phone No.: (954) 786-4611

IN ORDER TO ASSIST THE CITY COMMISSION IN MAKING MUNICIPAL BOARD AND COMMITTEE APPOINTMENTS, THE FOLLOWING INFORMATION IS REQUESTED:

NAME OF BOARD/COMMITTEE: Community Development

NAME OF APPLICANT: Emma Ellington

RESIDENCY ADDRESS: 137 NW 15th St

ZIP CODE: 33060 HOME PHONE NO.: 954 781 8537

MAILING ADDRESS: 137 NW 15th St

CITY/STATE/ZIP CODE: Pompano B. Fla 33060

ARE YOU A CITY RESIDENT? YES: ☒ NO: ☐

IF YES, PLEASE INDICATE DISTRICT YOU RESIDE IN: 1: ☐ 2: ☐ 3: ☐ 4: ☒ 5: ☐

DO YOU OWN REAL PROPERTY IN POMPANO BEACH? YES: ☒ NO: ☐

ARE YOU A REGISTERED VOTER? YES: ☒ NO: ☐

BUSINESS OR OCCUPATION: Retired Nurse And Educator

BUSINESS ADDRESS: Property owner  
137 NW 15th St

CITY/STATE: Pompano B. Florida

ZIP CODE: 33060 BUSINESS PHONE NO. 954 781 8537

ARE YOU PRESENTLY SERVING ON ANY OTHER CITY BOARD OR COMMITTEE? No

IF YES, PLEASE LIST NAME: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



WOULD YOU CONSIDER SERVING ON ANY OTHER CITY BOARD OR COMMITTEE? yes

IF YES, PLEASE LIST NAME:

Zoning  
Budget

Fire Rescue (EMS)

HAVE YOU EVER SERVED ON A CITY OF POMPANO BEACH BOARD/COMMITTEE? NO

IF YES, PLEASE STATE NAME OF BOARD OR COMMITTEE: \_\_\_\_\_

PLEASE LIST THE FOLLOWING BACKGROUND INFORMATION WHICH WOULD QUALIFY YOU TO SERVE ON THIS BOARD OR COMMITTEE:

EDUCATION: High School Diploma, Licensed Nurse,  
Land Lord, Case Manager, Degree in Education

EXPERIENCE: Working Working to the Elderly, Section  
Homeless,

CURRENT POSITION: (Retired) Consultant for  
the Homeless

PAST POSITIONS: Teacher, Counselor, Nurse, Case manager

HOBBIES: Sewing, dancing, Lecturing

MAKING ANY FALSE STATEMENTS HEREIN MAY BE CAUSE FOR REMOVAL BY THE CITY COMMISSION:

[Signature]  
SIGNATURE OF APPLICANT

1/24/04  
DATE OF APPLICATION

[Initials]  
INITIALS OF CLERK OR DEPUTY

1/24/04  
DATE RECEIVED OR CONFIRMED

\*\*\*\*\*

NOTE: IF YOU DO NOT WISH TO SERVE ON THIS BOARD OR COMMITTEE, PLEASE EITHER CHECK HERE \_\_\_\_\_ AND RETURN TO CITY CLERK, OR NOTIFY THE CITY CLERK'S OFFICE IN WRITING OF YOUR DESIRE NOT TO SERVE.

\*\*\*\*\*

THIS SECTION MUST BE COMPLETED BY THE ADVISORY BOARD SECRETARY ONLY

NUMBER OF MEETINGS HELD: \_\_\_\_\_ NUMBER OF MEETINGS ATTENDED: \_\_\_\_\_



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[www.mypompanobeach.org](http://www.mypompanobeach.org)

Mr. X Mrs. \_\_\_ Ms. \_\_\_ Miss \_\_\_ Name: PREDRAG PATRICK JOVANOVIĆ  
(Optional)

**Residence Information:**

Home Address: 411 N.E. 18th AVENUE  
City/State/Zip: POMPANO BEACH FL 33060  
Home Phone: 954.785.6100 Cell Phone: 954.240.8334  
Email: FLPATRICK@YAHOO.COM Fax: \_\_\_\_\_

**Business Information:**

Employer/Business Name: FLORIDA ATLANTIC UNIV. OFFICE OF EXECUTIVE PROG.  
Current Position / Occupation: STUDENT - PROJECT MANAGEMENT  
Business Address: 777 GULF ROAD, BLDG. 93, SUITE 201  
City/State/Zip: BOCA RATON FL 33431  
Business Phone: 954.297.2179 Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
FAU EXECUTIVE PROGRAMS.COM

Are you a U.S. Citizen? Yes X No \_\_\_

Are you a resident of Pompano Beach? Yes X No \_\_\_ Reside in District: 1 \_\_\_ 2 \_\_\_ 3X 4 \_\_\_ 5 \_\_\_

Do you own real property in Pompano Beach? Yes X No \_\_\_ COMM. REX HARDIN

Are you a registered voter? Yes X No \_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No X

Current or prior service on governmental boards and/or committees: POMPANO F.D. CERT

**Please make a check next to the Advisory Boards/Committees you would like to serve on:**

<input type="checkbox"/> Affordable Housing	<input type="checkbox"/> Cultural Arts	<input type="checkbox"/> Parks and Recreation
<input type="checkbox"/> Air Park	<input checked="" type="checkbox"/> Education	<input type="checkbox"/> *Planning & Zoning/Local Planning Agency
<input type="checkbox"/> Architectural Appearance	<input checked="" type="checkbox"/> Emergency Medical Services	<input type="checkbox"/> *Police & Firefighter's Retirement System
<input checked="" type="checkbox"/> Budget Review	<input type="checkbox"/> *Employee's Board of Appeals	<input type="checkbox"/> Pompano Beach Economic Development Council
<input type="checkbox"/> Charter Amendment	<input type="checkbox"/> Employee's Health Insurance	<input type="checkbox"/> Recycling & Solid Waste
<input type="checkbox"/> Community Appearance	<input type="checkbox"/> *General Employee's Retirement System	<input type="checkbox"/> Sand & Spurs Riding Stables
<input type="checkbox"/> *Community Development	<input type="checkbox"/> Golf	<input type="checkbox"/> Marine
<input type="checkbox"/> CRA East	<input type="checkbox"/> Historic Preservation	<input type="checkbox"/> *Unsafe Structures
<input type="checkbox"/> CRA West	<input type="checkbox"/> *Housing Authority of Pompano Beach	<input type="checkbox"/> *Zoning Board of Appeals

**\*Financial Disclosure Form is required, if appointed to serve, upon appointment and upon resignation/retirement.**

In addition a Resume may be attached

Education: POMPANO BEACH SR. HIGH SCHOOL 1977  
FLORIDA ATLANTIC UNIV. BBA 1982  
FLORIDA INTL. UNIV. GRAD. COURSES 1983

Experience: MANAGEMENT, AUTOMOTIVE, CONSTRUCTION,  
TOURISM,

Past Positions: \_\_\_\_\_

Hobbies: INTERESTS: CHILDRENS SPORTS, CHILDRENS ISSUES,  
POMPANO F.D. CERT, ECONOMIC DEVELOPMENT

**Making any false statements herein may be cause for revocation by the City Commission of any appointment to a Board/Committee.**

Signature: 

Date: 26 JAN 2011

Initials of Clerk or Deputy: \_\_\_\_\_

Date received or confirmed: \_\_\_\_\_

Please check one: ☐ New Application ☐ Currently Serving on Board ☐ Updated Information

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www.mypompanobeach.org

Mr. \_\_\_ Mrs. \_\_\_ Ms. ☒ Miss \_\_\_ Name: Velma Flowers  
(Optional)

**Residence Information:**

Home Address: 760 N.W. 17 ct  
City/State/Zip: Pompano Beach, Florida 33060  
Home Phone: \_\_\_\_\_ Cell Phone: 754-245-5517  
Email: Flowers.pom@yahoo.com Fax: \_\_\_\_\_

**Business Information:**

Employer/Business Name: \_\_\_\_\_  
Current Position / Occupation: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a U.S. Citizen? Yes ☒ No \_\_\_

Are you a resident of Pompano Beach? Yes ☒ No \_\_\_ Reside in District: 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 ☒ 5 \_\_\_

Do you own real property in Pompano Beach? Yes ☒ No \_\_\_

Are you a registered voter? Yes ☒ No \_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No ☒

Current or prior service on governmental boards and/or committees: \_\_\_\_\_

**Please make a check next to the Advisory Boards/Committees you would like to serve on:**

<input type="checkbox"/> Affordable Housing	<input type="checkbox"/> Cultural Arts	<input type="checkbox"/> Parks and Recreation
<input type="checkbox"/> Air Park	<input checked="" type="checkbox"/> Education	<input type="checkbox"/> *Planning & Zoning/Local Planning Agency
<input type="checkbox"/> Architectural Appearance	<input checked="" type="checkbox"/> Emergency Medical Services	<input type="checkbox"/> *Police & Firefighter's Retirement System
<input type="checkbox"/> Budget Review	<input type="checkbox"/> *Employee's Board of Appeals	<input type="checkbox"/> Pompano Beach Economic Development Council
<input type="checkbox"/> Charter Amendment	<input type="checkbox"/> Employee's Health Insurance	<input checked="" type="checkbox"/> Public Art Committee
<input checked="" type="checkbox"/> Community Appearance	<input type="checkbox"/> *General Employee's Retirement System	<input checked="" type="checkbox"/> Recycling & Solid Waste
<input checked="" type="checkbox"/> *Community Development(CDAC)	<input type="checkbox"/> Golf	<input type="checkbox"/> Sand & Spurs Riding Stables
<input type="checkbox"/> CRA East	<input type="checkbox"/> Historic Preservation	<input type="checkbox"/> Marine
<input type="checkbox"/> CRA West	<input type="checkbox"/> *Housing Authority of Pompano Beach	<input type="checkbox"/> *Unsafe Structures
		<input type="checkbox"/> *Zoning Board of Appeals

\*Financial Disclosure Form is required, if appointed to serve, upon appointment and upon resignation/retirement.



In addition a Resume may be attached

Education: Pompano Beach High - Clerical, Data Entry  
BCC East-Public Relations, Debate Challenge  
Pompano Beach Senior High Graduate

Experience: Data Entry, Community Support

Past Positions: Supervisor of Election Facility Supervisor  
Head Security with Broward County Schools  
Community Team leader

Hobbies: Basket Ball, Baseball, Foot Ball,  
Speed walking + Fishing, Politics

**Making any false statements herein may be cause for revocation by the City Commission of any appointment to a Board/Committee.**

Signature: Velma Flowers

Date: \_\_\_\_\_

Initials of Clerk or Deputy: sh

Date received or confirmed: 6/12/14  
1/14/19

Please check one: ☒ New Application ☐ Currently Serving on Board ☐ Updated Information

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www.pompanobeachfl.gov

Mr. \_\_\_ Mrs. \_\_\_ Ms. ☒ Miss \_\_\_  
(Optional)

Name: Veronica Thomas

**Residence Information:**

Home Address: 624 N.W. 3<sup>rd</sup> AVE.

City/State/Zip: Pompano Beach, FL 33060

Home Phone: \_\_\_\_\_ Cell Phone: (754) 246-7425

Email: richardsonvst@aol.com Fax: \_\_\_\_\_

**Business Information:**

Employer/Business Name: Broward Health medical Center

Current Position / Occupation: Sr. Pharmacy System Tech

Business Address: 1600 S. Andrew Ave

City/State/Zip: FT laud., FL 33314

Business Phone: (954) 355-5553 Fax: \_\_\_\_\_ Email: VThomas@browardHealth.org

Are you a U.S. Citizen? Yes ☒ No \_\_\_

Are you a resident of Pompano Beach? Yes ☒ No \_\_\_ Reside in District: 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 ☒ 5 \_\_\_

Do you own real property in Pompano Beach? Yes ☒ No \_\_\_

Are you a registered voter? Yes ☒ No \_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No ☒

Current or prior service on governmental boards and/or committees: NW CRA

**Please make a check next to the Advisory Boards/Committees you would like to serve on:**

<input checked="" type="checkbox"/> Affordable Housing	<input checked="" type="checkbox"/> Cultural Arts	<input checked="" type="checkbox"/> Parks and Recreation
<input checked="" type="checkbox"/> Air Park	<input checked="" type="checkbox"/> Education	<input checked="" type="checkbox"/> *Planning & Zoning/Local Planning Agency
<input checked="" type="checkbox"/> Architectural Appearance	<input checked="" type="checkbox"/> Emergency Medical Services	<input checked="" type="checkbox"/> *Police & Firefighter's Retirement System
<input checked="" type="checkbox"/> Nuisance Abatement Board	<input checked="" type="checkbox"/> *Employee's Board of Appeals	<input checked="" type="checkbox"/> Pompano Beach Economic Development Council
<input checked="" type="checkbox"/> Charter Amendment	<input checked="" type="checkbox"/> Employee's Health Insurance	<input checked="" type="checkbox"/> Public Art Committee
<input checked="" type="checkbox"/> Community Appearance	<input checked="" type="checkbox"/> *General Employee's Retirement System	<input checked="" type="checkbox"/> Recycling & Solid Waste
<input checked="" type="checkbox"/> *Community Development(CDAC)	<input checked="" type="checkbox"/> Golf	<input checked="" type="checkbox"/> Sand & Spurs Riding Stables
<input type="checkbox"/> CRA East	<input type="checkbox"/> Historic Preservation	<input checked="" type="checkbox"/> Marine
<input type="checkbox"/> CRA West	<input checked="" type="checkbox"/> *Housing Authority of Pompano Beach	<input checked="" type="checkbox"/> *Unsafe Structures
		<input checked="" type="checkbox"/> *Zoning Board of Appeals

\*Financial Disclosure Form is required, if appointed to serve, upon appointment and upon resignation/retirement.

In addition a Resume may be attached

Education: High School and Trade School

Experience: 1

Past Positions: NW CRA board

Hobbies: \_\_\_\_\_

**Making any false statements herein may be cause for revocation by the City Commission of any appointment to a Board/Committee.**

Signature: Vernice Lomas

Date: Feb 15, 2019

Initials of Clerk or Deputy: \_\_\_\_\_

Date received or confirmed: \_\_\_\_\_

Please check one: ☐ New Application ☐ Currently Serving on Board ☐ Updated Information

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CITY OF POMPANO BEACH  
ADVISORY BOARD / COMMITTEE  
APPLICATION

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P. O. Drawer 1300, Pompano Beach, FL 33061  
www.mypompanobeach.org

Mr. ☒ Mrs. ☐ Ms. ☐ Miss ☐ Name: Quenton Thompkins, Sr.  
(Optional)

**Residence Information:**

Home Address: 436 NW 19th St  
City/State/Zip: Pompano Beach, FL 33060  
Home Phone: 954-781-6026 Cell Phone: 954-309-5210  
Email: Thompkinsqu@gmail.com Fax: \_\_\_\_\_

**Business Information:**

Employer/Business Name: Treasured Memories  
Current Position / Occupation: Funeral Consultant/Bereavement Counselor  
Business Address: \_\_\_\_\_  
City/State/Zip: Pompano Beach, FL  
Business Phone: 954-309-5210 Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a U.S. Citizen? Yes ☒ No ☐

Are you a resident of Pompano Beach? Yes ☒ No ☐ Reside in District: 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 ☐

Do you own real property in Pompano Beach? Yes ☐ No ☒

Are you a registered voter? Yes ☒ No ☐

Have you ever been convicted of a felony? Yes ☐ No ☒

Current or prior service on governmental boards and/or committees: No

**Please check the first box next to the Advisory Boards/Committees you would like to serve on:**

<input checked="" type="checkbox"/> Affordable Housing	<input type="checkbox"/> Education	<input type="checkbox"/> Parks and Recreation
<input type="checkbox"/> Air Park	<input type="checkbox"/> Emergency Medical Services	<input type="checkbox"/> *Planning & Zoning/Local Planning Agency
<input type="checkbox"/> Architectural Appearance	<input checked="" type="checkbox"/> *Employee's Board of Appeals	<input type="checkbox"/> *Police & Firefighter's Retirement System
<input checked="" type="checkbox"/> <del>Charter Amendment</del>	<input type="checkbox"/> Employee's Health Insurance	<input type="checkbox"/> Pompano Beach Economic Development Council
<input type="checkbox"/> Community Appearance	<input type="checkbox"/> *General Employee's Retirement System	<input type="checkbox"/> Public Art Committee
<input type="checkbox"/> *Community Development	<input type="checkbox"/> Golf Advisory Board	<input type="checkbox"/> Recycling & Solid Waste
<input type="checkbox"/> CRA East	<input type="checkbox"/> Historic Preservation	<input type="checkbox"/> Sand & Spurs Riding Stables
<input type="checkbox"/> CRA West	<input checked="" type="checkbox"/> *Housing Authority of Pompano Beach	<input type="checkbox"/> Marine
<input type="checkbox"/> Cultural Arts	<input checked="" type="checkbox"/> Nuisance Abatement Board	<input type="checkbox"/> *Unsafe Structures
<input type="checkbox"/>	<input checked="" type="checkbox"/> <b>Local Complete Count</b> (Census)	<input type="checkbox"/> *Zoning Board of Appeals

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In addition a Resume may be attached

Education: Blanche Ely High School Grad.

Experience: Consultant, working with people to get resolves on solutions  
work with clients to solve problems. Help families with, grief, budget and overwhelming  
details.

Past Positions: Minister 18 years- past and present

Hobbies: Socializing, community work, Church Activities, Volunteer work and  
Fishing

**Making any false statements herein may be cause for revocation by the City Commission of  
any appointment to a Board/Committee.**

Signature: Quenton Thompson, Sr.

Date: July 27, 2019

Initials of Clerk or Deputy: \_\_\_\_\_

Date received or confirmed: \_\_\_\_\_

Please check one: ☐ New Application ☐ Currently Serving on Board ☐ Updated Information

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www.pompanobeachfl.gov

2017 MAR -2 PM 12:02  
CITY OF POMPANO BEACH  
OFFICE OF THE CITY CLERK

Mr. \_\_\_ Mrs. \_\_\_ Ms. ☒ Miss \_\_\_ Name: Phyllis Smith  
(Optional)

**Residence Information:**

Home Address: 2437 NW 4<sup>TH</sup> CT  
City/State/Zip: Pompano Beach, FL 33069  
Home Phone: 954-971-1062 Cell Phone: 954-691-6189  
Email: Miss-PrettyP@bellsouth.net Fax: \_\_\_\_\_

**Business Information:**

Employer/Business Name: \_\_\_\_\_  
Current Position / Occupation: Nurse  
Business Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a U.S. Citizen? Yes ☒ No \_\_\_  
Are you a resident of Pompano Beach? Yes ☒ No \_\_\_ Reside in District: 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 ☒  
Do you own real property in Pompano Beach? Yes ☒ No \_\_\_  
Are you a registered voter? Yes ☒ No \_\_\_  
Have you ever been convicted of a felony? Yes \_\_\_ No ☒  
Current or prior service on governmental boards and/or committees: No

**Please make a check next to the Advisory Boards/Committees you would like to serve on:**

<input checked="" type="checkbox"/> Affordable Housing	<input type="checkbox"/> Cultural Arts	<input type="checkbox"/> Parks and Recreation
<input type="checkbox"/> Air Park	<input type="checkbox"/> Education	<input type="checkbox"/> *Planning & Zoning/Local Planning Agency
<input type="checkbox"/> Architectural Appearance	<input checked="" type="checkbox"/> Emergency Medical Services	<input type="checkbox"/> *Police & Firefighter's Retirement System
<input checked="" type="checkbox"/> Nuisance Abatement Board	<input type="checkbox"/> *Employee's Board of Appeals	<input type="checkbox"/> Pompano Beach Economic Development Council
<input type="checkbox"/> Charter Amendment	<input type="checkbox"/> Employee's Health Insurance	<input type="checkbox"/> Public Art Committee
<input type="checkbox"/> Community Appearance	<input type="checkbox"/> *General Employee's Retirement System	<input type="checkbox"/> Recycling & Solid Waste
<input type="checkbox"/> *Community Development(CDAC)	<input type="checkbox"/> Golf	<input type="checkbox"/> Sand & Spurs Riding Stables
<input type="checkbox"/> CRA East	<input type="checkbox"/> Historic Preservation	<input type="checkbox"/> Marine
<input checked="" type="checkbox"/> CRA West	<input type="checkbox"/> *Housing Authority of Pompano Beach	<input type="checkbox"/> *Unsafe Structures
		<input type="checkbox"/> *Zoning Board of Appeals

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In addition a Resume may be attached

Education:

Coconut Creek High 1978, Broward College 1982, Atlantic Voc Tech 1989

Experience:

LPN lic, EMT cert, EVOC cert,  
Collier City Civic Assoc. - Secretary, Treasurer, Vice Pres, Now President  
Greater Pompano Beach Democratic Club's Secretary, Treasurer, Banker, Now Vice President

Past Positions:

EMT for Life Fleet driving 911, Paramedic Student 3/4 completed. Secretary, Treasurer, Banker, Teller, Vice Pres  
President Obama's 2008 Delegate

Hobbies:

Making any false statements herein may be cause for revocation by the City Commission of any appointment to a Board/Committee.

Signature:

Date:

2/16/17

Initials of Clerk or Deputy:

Date received or confirmed:

Please check one:



New Application



Currently Serving on Board



Updated Information

Note:

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