



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. ___ Mrs. Ms. ___ Miss ___ Name: Katheryn Gillis
(Optional)

Residence Information:

Home Address: 220 N.W. 15th Place
City/State/Zip: Pompano Beach, Florida 33060
Home Phone: 954-933-1552 Cell Phone: 954-439-2469
Email: Katheryn_75@hotmail.com Fax: _____

Business Information:

Employer/Business Name: Retired-Educator
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 ^{ok}
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:

Affordable Housing	Cultural Arts	Parks and Recreation
Air Park <input checked="" type="checkbox"/>	Education	*Planning & Zoning/Local Planning Agency
Architectural Appearance	Emergency Medical Services	*Police & Firefighter's Retirement System
Budget Review	*Employee's Board of Appeals	Pompano Beach Economic Development Council
Charter Amendment	Employee's Health Insurance	Recycling & Solid Waste
Community Appearance	*General Employee's Retirement System	Sand & Spurs Riding Stables
*Community Development	Golf	Marine
CRA East	Historic Preservation	*Unsafe Structures
CRA West	*Housing Authority of Pompano Beach	*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: BS Degree / Early Childhood
Elementary - Certification - 6-12

Experience: Taught Middle School Reading
for 22 yrs. Broward County School System

Past Positions: Reading Dept. Head - Student Council Advisor
Basketball Coach - High School + Middle School

Hobbies: Reading

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

Signature: Katherine Gillis Date: 4-30-2012

Initials of Clerk or Deputy: KG Date received or confirmed: 5/3/12

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.



CITY OF POMPANO BEACH ADVISORY BOARD / COMMITTEE APPLICATION

CITY OF POMPANO BEACH
 OFFICE OF THE CITY CLERK
 2015 NOV 10 AM 11:33

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

Mr. ___ Mrs. ___ Ms. ___ Miss Name: Nancy Grant
 (Optional)

Residence Information:

Home Address: 555 Oaks Lane Apt. # 205
 City/State/Zip: Pompano Bch, Fla. 33069
 Home Phone: 954-917-0701 Cell Phone: 954-805-9015
 Email: alasishrugged@yahoo.com Fax: _____

Business Information:

Employer/Business Name: _____
 Current Position / Occupation: Retired
 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: Community Appearance Com.

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 checked="" type="checkbox"/> Air Park	<input type="checkbox"/> Education	<input type="checkbox"/> *Planning & Zoning/Local Planning Agency
<input type="checkbox"/> Architectural Appearance	<input 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 checked="" type="checkbox"/> Charter Amendment	<input type="checkbox"/> Employee's Health Insurance	<input type="checkbox"/> Public Art Committee
<input checked="" 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 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: Aviation instruction:

American Flyers
Cav-Air

Experience: 100 hours / 172

16 hours solo

2 short cross countries

Past Positions: student pilot

Hobbies: Art; cars; reading; aviation

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

Signature: 

Date: Nov. 6, 2015

Initials of Clerk or Deputy: 

Date received or confirmed: 11/10/15

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

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APPLICATION

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2018 JUL 10 AM 11:54
CITY OF POMPANO BEACH
OFFICE OF THE CITY CLERK

Mr. [checked] Mrs. ___ Ms. ___ Miss ___ Name: FRANK N. SELLERS, JR
(Optional)

Residence Information:

Home Address: 270 SE 7TH ST
City/State/Zip: POMPANO BEACH, FL 33060
Home Phone: 714-277-9456 Cell Phone: 714 277 9456
Email: Fchance708@yahoo.com Fax: N/A

Business Information:

Employer/Business Name: DEPT. OF VETERANS AFFAIRS
Current Position / Occupation: VOLUNTEER
Business Address: 9800 W. COMMERCIAL BLVD
City/State/Zip: SUNRISE, FL
Business Phone: ___ Fax: ___ Email: ___

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

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

Table with 3 columns of advisory boards/committees. Checked items include Air Park, Sand & Spurs Riding Stables, Golf, and Air Park.

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

In addition a Resume may be attached

Education: B.A. / PHYSICAL EDUCATION - ALMA College - ALMA, MI
MA / PHYSICAL EDUCATION - URI - KINGSTON RI

Experience: 20 YEARS - PUBLIC / CORPORATE EDUCATION
20 YEARS - PART TIME SCOUT KC Royals

Past Positions: _____

Hobbies: STATE OFFICER - BPOE 1898

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

Signature: FM Sellers, Jr

Date: _____

Initials of Clerk or Deputy: _____

Date received or confirmed: _____

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

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