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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

MrMrsMs. <u>X</u> (Optional)	Miss Name: <u>Caymen Jones</u>	
Residence Information Home Address:	121 NW 164 Street	
City/State/Zip:	Pampano FL 33060	-
Home Phone: 9	54-249-9026 Cell Phone: 954-249-9026	1
	@ BRRH. COM Fax:	
Rusiness Information:	ame: Boca Raton Regional Hospital	-
	upation: PAY ROLL	
Business Address:	00 Meadows Road	
City/State/Zip:		
	- 955-4756Fax: 561-955-2165 Email: CJONES @ BRNH &	
	- TO LINE ON DIE 100 ALOU EIIAII. COOMED & IDENCE &	
Are you a U.S. Citizen?	res_V No	
Are you a resident of Pon	pano Beach? Yes No Reside in District: 1 2 3 4 5	
	n Pompano Beach? Yes No	
Are you a registered vote	? Yes_V No	
Have you ever been conv	cted of a felony? Yes No_	
Current or prior service or	governmental boards and/or committees:N/A	
Please make a check next	o the Advisory Boards/Committees you would like to serve on:	
Affordable Housing	Cultural Arts Parks and Recreation	
Air Park	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	
Charter Amendment	Employee's Health Insurance Recycling & Solid Waste	
Community Appearance	Employee's Health Insurance Recycling & Solid Waste *General Employee's Retirement Sand & Spurs Riding Stables	
*Community	System	
V Development	Golf Marine	
CRA East	Historic Preservation *Unsafe Structures	
CRA West	*Housing Authority of Pompano *Zoning Board of Appeals Beach	
*Financial Disclosure Form is	required, if appointed to serve, upon appointment and upon resignation/retirement.	
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	In addition a Resume ma		
Education: Pampand	Beach Senion Hi	gh School graduate	
	,		
Experience:			Description of the last of the
. Are			
Past Positions: <u>Educa</u> Council	How Advisory Boar	d, Pompano Economic De	<u> </u>
Hobbies:			Parameter State St
Making any false statem	ents herein may be cause fo any appointment to a Boa	or revocation by the City Commission of the Committee.	of
Signature: <u>(MAKA</u>	gar.	Date: 7/20//2-	
Initials of Clerk or Deputy:	J-AM	3/23/10 Date received or confirmed:	1/2
Please check one:	New Application Currently Serv	ing on Board <u>Updated Information</u>	
Note: Application is effective for one 954-786-4611, or send via fax	year from date of completion. If you have as to: 954-786-4095.	ny questions on the above, please call the City Clerk's Office	e at:
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