



**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 Advisory Comm.

**NAME OF APPLICANT:** Whitney Rawls

**RESIDENCY ADDRESS:** 1816 NW 4 Street, Pompano Beach, FL

**ZIP CODE:** 33069

**HOME PHONE NO.:** (954) 917-1686

**MAILING ADDRESS:** 1816 NW 4 Street

**CITY/STATE/ZIP CODE:** Pompano Beach, FL 33069

**ARE YOU A CITY RESIDENT?**

**YES:** ☒

**NO:** ☐

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

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

**ARE YOU A REGISTERED VOTER?**

**YES:** ☒

**NO:** ☐

**HAVE YOU BEEN CONVICTED OF A FELONY IN FLORIDA, OR ANY OTHER STATE,  
WITHOUT YOUR CIVIL RIGHTS HAVING BEEN RESTORED.** **YES:** ☐ **NO:** ☒

**BUSINESS OR OCCUPATION:** IT Director at Miller Construction Company

**BUSINESS ADDRESS:** 614 South Federal Highway

**CITY/STATE:** Fort Lauderdale, FL

ZIP CODE: 33301

BUSINESS PHONE NO. (954) 764-50

ARE YOU PRESENTLY SERVING ON ANY OTHER CITY BOARD OR COMMITTEE? N

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

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

IF YES, PLEASE LIST NAME:

AFFORDABLE HOUSING Housing Authority  
NW CRA  
Community Appearance

HAVE YOU EVER SERVED ON A CITY OF POMPANO BEACH BOARD/COMMITTEE? N

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: Bachelor of Science / Information Technology

EXPERIENCE: Served on various non-profit boards.

CURRENT POSITION: Board Chair for The First Tee of Broward;  
President of BATS Atlantic Assoc.

PAST POSITIONS: \_\_\_\_\_

HOBBIES: GOLF, READING

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

Walter Raul 10/10/09  
SIGNATURE OF APPLICANT DATE OF APPLICATION

AR 8/31/10  
INITIALS OF CLERK OR DEPUTY DATE RECEIVED OR CONFIRMED

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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.