



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

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

Phone No. (954) 786-4611
Facsimile No. (954) 786-4095

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

NAME OF BOARD/COMMITTEE: EMS

NAME OF APPLICANT: Matthew Cheshire

RESIDENCY ADDRESS: 737 N.E. 7th St. Pomp.

ZIP CODE: 33060 HOME PHONE NO.: 954 942 1816

MAILING ADDRESS: Same

CITY/STATE/ZIP CODE: _____

ARE YOU A CITY RESIDENT? YES: ✓ NO: _____

IF YES, PLEASE INDICATE DISTRICT YOU RESIDE IN: 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 BEEN CONVICTED OF A FELONY IN FLORIDA, OR ANY OTHER STATE, WITHOUT YOUR CIVIL RIGHTS HAVING BEEN RESTORED? YES: _____ NO: ✓

BUSINESS OR OCCUPATION: Chiropractor

BUSINESS ADDRESS: 4 N.E. 4th Av.

CITY/STATE: Pompano Beach FL

ZIP CODE: 33060 BUSINESS PHONE NO: 954 943 1066

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

IF YES, PLEASE LIST NAME: _____

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

IF YES, PLEASE LIST NAME(S): _____

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

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: _____

EXPERIENCE: _____

CURRENT POSITION: _____

PAST POSITIONS: _____

HOBBIES: _____

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

Matthew H. Cheek Jr.
SIGNATURE OF APPLICANT

11-4-02
DATE OF APPLICATION

MC
INITIALS OF CLERK OR DEPUTY

12-2-11
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: _____



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

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

Phone No. (954) 786-4611
Facsimile No. (954) 786-4095

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

NAME OF BOARD/COMMITTEE: City of Pompano Beach Employees Pension Board

NAME OF APPLICANT: Michael Miller

RESIDENCY ADDRESS: 2725 S.E. 6 Street.

ZIP CODE: 33062 HOME PHONE NO.: 954-783-5663

MAILING ADDRESS: 500 S. Cypress Road #16

CITY/STATE/ZIP CODE: Pompano Beach, FL 33060

ARE YOU A CITY RESIDENT? YES: ☒ NO: ☐

IF YES, PLEASE INDICATE DISTRICT YOU RESIDE IN: 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 BEEN CONVICTED OF A FELONY IN FLORIDA, OR ANY OTHER STATE, WITHOUT YOUR CIVIL RIGHTS HAVING BEEN RESTORED? YES: ☐ NO: ☒

BUSINESS OR OCCUPATION: Real Estate Broker / Appraiser

BUSINESS ADDRESS: 500 S. Cypress Rd #16

CITY/STATE: Pompano Beach, FL

ZIP CODE: 33060 BUSINESS PHONE NO: 954-785-0606

ARE YOU PRESENTLY SERVING ON ANY OTHER CITY BOARD OR COMMITTEE? N *954-294-4357 (GM)*

IF YES, PLEASE LIST NAME: _____

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

IF YES, PLEASE LIST NAME(S): _____

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: Self employed since 1991 in both the mortgage and real estate industry.

EDUCATION: Florida State University, B.S. Finance w/ emphasis in Accounting & Real Estate. Previously held Series 6 license

EXPERIENCE: Active Real Estate Broker, Mortgage Broker, state certified Residential Appraiser. Previous Boards American Cancer Society, New Directions of ACS, Symphony of the Americas

CURRENT POSITION: Broker Business Owner, Chairman Children's Safety Council, Inc

PAST POSITIONS: United Parcel Service, Albertson's, First Investors of NYSE

HOBBIES: Raising 3 Children, Volleyball, offshore Fishing

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

[Signature]
SIGNATURE OF APPLICANT

11/6/06
DATE OF APPLICATION

AX
INITIALS OF CLERK OR DEPUTY

11/6/09
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: _____



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:

Emmanuel E. Ford
SIGNATURE OF APPLICANT

1/24/04
DATE OF APPLICATION

[Signature]
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: _____



**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: 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

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

Mr. ___ Mrs. ___ Ms. ☒ Miss ___
(Optional)

Name: Veronica Thomas

Residence Information:

Home Address: 624 N.W. 3rd 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

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 Clerk's Office Phone: 954-786-4611 Fax: 954-786-4095
Post Office Drawer 1300, Pompano Beach, FL 33061
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 4TH 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

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

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: 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.