Harry		Diamond		
irst Name	Middle Initial	Last Name		
applebarnharry@gmail.cor	n			
Email Address				
410 SE 5th Street				
Home Address			Suite or Apt	
Pompano Beach				33060
City			State	Postal Code
What district do you li	ve in? *			
District 3				
Home: (802) 688-3909 Primary Phone	Alternate Phor	954) 545-5141 <sup>ne</sup>		
Are you a U.S Citizen?				
⊙ Yes ⊖ No				
Have you ever been co	onvicted of a	felony?		
⊙ Yes ⊙ No				
Current or prior servic	e on governn	nental boards a	nd/or committ	ees:
N/A				
Business Information	1			
Valor Ventures Employer	President	<u> </u>	President o	f Business
Business Address				
3313 SE 3rd St				
City/State/Zip:				
Pompano Beach				
Business Phone				
954-545-5141				

## Which Boards would you like to apply for?

**Emergency Medical Services: Appointed** 

Pages\_from\_H\_Diamond.pdf

Upload a Resume

## Education

See attachment for details

#### Experience

See attachment for details

**Past Positions** 

See attachment for details

## **Hobbies**

See attachment for details

Question applies to multiple boards Are you a resident of Pompano Beach?

⊙ Yes ⊖ No

Question applies to Emergency Medical Services Have you been licensed to practice medicine in the United States?

⊙ Yes ⊙ No

Question applies to Emergency Medical Services Have you been admitted to practice law in the United States?

⊙ Yes ⊙ No

Caucasian/Non-Hispanic		
Gender		
✓ Male		
Date of Birth		
Do you have any disabilities?		

⊙ Yes ⊙ No

In addition a Resume may be attached Education: BACHLEOR of TECHNOLOGY AT NEWYORK INSTITUTE OF TECHNOLOGY FRETAND AED. CPR CELLULAR CIERNSING & NOTRITIONAL HEALTH Experience: WERENT CERT STEERING COMMITTEE MEMBER AND ZONE CAPTION PRSTAID, AED, CPR. EXECUTIVE TRANER, NOTRITICHA HEALTH COACH, MASTER CEUVLAR CLEARSE COACH Past Positions: GREEDTINE AT ENDENEEDANE + MANUFARTURING CO. UNTRET O PERATON OF A VERMONT FRAM MARKE APPLE ORCHARD BAKENY. AGRI-TORISM CENTER, Guest Bisken For NBC NEWS Hobbies: ScuBA DIVING, TRAVEC, COOKING, BAKING, HIKENG, Haking any false statements herein may be cause for revocation by the City Commission of any appointment to a Board/Committee. Date: 5/22/12 rances Signature: (1 aun Date received or confirmed: July 206 Initials of Clerk or Deputy: Please check one: Y New Application \_\_\_\_ Currently Serving on Board Updated Information 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: Note: 954-786-4611, or send via fax to: 954-786-4095. 6/23/2010 Page 2 of 2 G/CC/Adv Brd App

Denise		Searle		
First Name	Middle Initial	Last Name		
denisesearle7@gmail.com				
Email Address			_	
2821 NE 9th Ct				
Home Address			Suite or Apt	
Pompano Beach			FL	33060
City			State	Postal Code
What district do you li	ve in? *			
District 1				
Home: (954) 290-0168 Primary Phone	Business: (	954) 290-0168	_	
Are you a U.S Citizen?				
⊙ Yes ⊖ No				
Have you ever been co	onvicted of a fe	elony?		
⊖ Yes ⊙ No				
Current or prior servic	e on governme	ental boards an	d/or committ	ees:
N/A				
Business Information				
Self Employed			 Occupation	
Business Address	,			
2821 NE 9th Ct				
City/State/Zip:				
Pompano Beach				
Business Phone				
(954) 788-5728				

## Which Boards would you like to apply for?

Affordable Housing Advisory Committee: Appointed Community Development Advisory Committee: Submitted CRA East Advisory Committee: Submitted Emergency Medical Services: Submitted

## Pages from DS.pdf

Upload a Resume

#### Education

See attachment for details

#### Experience

See attachment for details

Past Positions

See attachment for details

#### **Hobbies**

See attachment for details

Question applies to multiple boards Are you a resident of Pompano Beach?

⊙ Yes ⊖ No

Question applies to Emergency Medical Services Have you been licensed to practice medicine in the United States?

⊙ Yes ⊙ No

Question applies to Emergency Medical Services Have you been admitted to practice law in the United States?

⊙ Yes ⊙ No

Question applies to Affordable Housing Advisory Committee Select the categories that apply to you. \*

☑ Real estate professional involved in affordable housing

Question applies to CRA East Advisory Committee
Select the category that applies to you. \*

City resident or business owner

# **Demographics**

Ethnicity

Caucasian/Non-Hispanic

## Gender

Female

Date of Birth

Do you have any disabilities?

⊙ Yes ⊙ No

*Financial Disclosure Form is required, if appointed to serve, upon appointment and upon resignation/retirement.		
In addition a Resume may be attached Education: Educated in England, moved to USA in 1995		
Experience:_In the UK sales		
Past Positions: Teacher assistant at American Heritage 1997-2001 Staffing agent for Talent Tree Staffing 2001-2004 Real Estate Agent & Receptionist 2004- current		
Hobbies: Traveling, looking after Grandchildren!		
Making any false statements herein may be cause for revocation by the City Commission of any appointment to a Board/Committee.		
nitials of Clerk or Deputy: Date received or confirmed: Please check one: New Application Currently Serving on Board Updated Information		
lote: 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.		
B/CC/Adv Brd App Page 2 of 2 11/28/2022		

Byron		Schortinghouse		
First Name	Middle Initial	Last Name		
bschortinghouse@aol.com				
Email Address			_	
1009 NE 6th Street				
Home Address			Suite or Apt	
Pompano Beach			FL	33060
City			State	Postal Code
What district do you liv	e in? *			
District 3				
Mobile: (480) 234-7952 Primary Phone	Alternate Pho	5: (954) 942-6010	_	
Are you a U.S Citizen?				
© Yes ⊖ No				
Have you ever been cor	nvicted of a	felony?		
c Yes ⊙ No				
Current or prior service	on govern	mental boards an	d/or commit	tees:
N/A				
Business Information				
Church of the Nazarene	 Job Title	Superintendent	 Occupation	nister
Business Address	Job Thie		Occupation	
916 NE 4th Street				
City/State/Zip:				
Pompano Beach				
Business Phone				
954-942-6010				

Emergency Medical Services: Submitted

Pages\_from\_BSH.pdf

Upload a Resume

# Education

See attachment for details

#### Experience

See attachment for details

**Past Positions** 

See attachment for details

## **Hobbies**

See attachment for details

Question applies to multiple boards Are you a resident of Pompano Beach?

⊙ Yes ⊖ No

Question applies to Emergency Medical Services Have you been licensed to practice medicine in the United States?

⊙ Yes ⊙ No

Question applies to Emergency Medical Services Have you been admitted to practice law in the United States?

⊙ Yes ⊙ No

Caucasian/Non-Hispanic			
Gender			
✓ Male			
Date of Birth	-		
Do you have any disabiliti	es?		

⊙ Yes ⊙ No

\*Financial Disclosure Form is required, if appointed to serve, upon appointment and upon resignation/retirement. In addition a Resume may be attached ozarena University (Nachvilly) Education: Trevecca A Sprech Communication in 1 sia / Partie Nazarence Theologie Sumencery Manila PT) Experience: Paster - Missioncery - Administration Mun Vurse Member 2 3 Mainens, Tres Dogad Past Positions: So. Fla. Dist. Superintand unt SE classich Arizada Saperin Tomalent Regional administration Hobbies: Gardening - Traval - Fishing Making any false statements herein may be cause for revocation by the City Commission of any appointment to a Board/Committee. Date: 3-18-2023 Signature:/ 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. G/CC/Adv Brd App Page 2 of 2 11/28/2022

Joanne		Puia		
First Name	Middle Initial	Last Name		
mabete1970@gmail.com			-	
161 SE 8th St				
Home Address			Suite or Apt	
Pompano Beach			FL	33060
City			State	Postal Code
What district do you live	e in? *			
District 3				
Mobile: (954) 804-5204 Primary Phone	Alternate Ph	s: (954) 355-4400	-	
Are you a U.S Citizen?				
© Yes ⊂ No				
Have you ever been con	victed of a	a felony?		
၀ Yes ତ No				
Current or prior service	on govern	mental boards an	d/or committ	ees:
FIPAC				
Business Information				
Broward Health Medical Center	Registe	red Nurse	Registered	Nurse
Employer	Job Title		Occupation	
Business Address				
1608 S. Andrew Avenue				
City/State/Zip:				
Pompano Beach				
Business Phone				
(954) 355-4400				

Emergency Medical Services: Submitted		
Pages_from_JP.pdf		
Upload a Resume		
Education		
See attachment for details		
Experience		
See attachment for details		
Past Positions		
See attachment for details		
Hobbies		
See attachment for details		

Are you a resident of Pompano Beach?

⊙ Yes ⊂ No

Question applies to Emergency Medical Services Have you been licensed to practice medicine in the United States?

⊙ Yes ⊙ No

Question applies to Emergency Medical Services Have you been admitted to practice law in the United States?

⊙ Yes ⊙ No

None Selected

Gender

Female

Date of Birth

Do you have any disabilities?

⊙ Yes ⊙ No

	<u>ter son i servici i i i servi</u> A <sup>est</sup> servici	<u>an de la constant de la cons</u> La checencia	
	In addition a Resur	ne may be attached	
Education:			
			and Pality Law 1
Experience:	ರ್ಶಗಲನ್ನು ಮಾರು ಇತ್ಯಾಗೆ ತನ್ನು ಸ್ಥಾನ ಪ್ರಶಸ್ತಿ ಪ್ರಶಸ್ತಿ ಗ್ರಾಮಗಳು		
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Past Positions:			në panjaj su der
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<ul> <li>Contraction of the second se Second second seco</li></ul>	and a second		C. M. Stell
Hobbies: Notunteering	, exercise, peo	pl	ning (San San San San San San San San San San
		ause for revocation a Board/Committee	by the City Commission of
Making any false stateme	ents herein may be ca any appointment to	ause for revocation a Board/Committee	
Making any false stateme	ents herein may be ca any appointment to	a Board/Committee	-14-24
Making any false stateme	ents herein may be ca any appointment to	a Board/Committee	
Making any false stateme Signature:	ents herein may be ca any appointment to	a Board/Committee	- <u>14-24</u> ved or confirmed:
Making any false stateme Signature:	ents herein may be ca any appointment to	a Board/Committee	- <u>14-24</u> ved or confirmed:
Signature: <u></u>	ents herein may be ca any appointment to	a Board/Committee Date: <u>3-</u> Date recei ently Serving on Board	- <u>14-24</u> ved or confirmed:
Making any false stateme Signature:	ents herein may be ca any appointment to Our Wew ApplicationCurr	a Board/Committee Date: <u>3-</u> Date recei ently Serving on Board	- <u>14-24</u> ved or confirmed:

## Resume

## **Joanne Puia**

# 161 SE 8 Street

# Pompano Beach, Florida 33060

# March 2024

# Education

٤.

2006-2008-Nova Southeastern University	MHS
2002-2004-University of Phoenix	BSN
1968-1970-SUNY-Rockland	AAS

# **Emploment**:

2021-present-Broward Health medical Center	Discharge Callbacks/Telehealth (Part Time)
2016-2021-VITAS Hospice	Visiting Home Care (Part time)
2003-2016-Broward Health Medical Center	Palliative Care, Trauma Administration (Retired)

# Volunteer

Florida Injury Prevention Committee St. Coleman Women's Club-Board Member CERT-Pompano Beach Ladies Auxiliary-Post 142

Profile					
Patricia First Name	Middle	McGill Last Name			
pkay18@bellsouth.net Email Address					
1131 SW 3rd Ter Home Address			Suite or Apt		
Pompano Beach			FL	33060	
City			State	Postal Code	
What district do you li	ve in? *				
District 3					
(954) 629-1274					
Primary Phone	Alternate Ph	one			
Are you a U.S Citizen?					
⊙ Yes ⊂ No					
Have you ever been co	onvicted of a	felony?			
⊖ Yes ⊙ No					
Current or prior servic	e on govern	mental boards	and/or committ	ees:	
N/A					
Business Information					
Broward Health Employer	Registered Nurse		Registered	Registered Nurse	
Business Address					
City/State/Zip:					
Pompano Beach					
Business Phone					
Interests & Experience	ces				

## Emergency Medical Services: Appointed

Pages_from_PK.pdf Upload a Resume	_		
Education			
See attachment for details			
Experience			
See attachment for details			
Past Positions			
See attachment for details			
Hobbies			
See attachment for details			

Are you a resident of Pompano Beach?

⊙ Yes ∩ No

Question applies to Emergency Medical Services Have you been licensed to practice medicine in the United States?

⊙ Yes ⊙ No

Question applies to Emergency Medical Services Have you been admitted to practice law in the United States?

⊙ Yes ⊙ No

None Selected

Gender

✓ Female

Date of Birth

Do you have any disabilities?

⊙ Yes ⊙ No

*Financial Disclosure Form is required, if appound upon resignation/retirement.	pointed to serve, upon appointment and
In additio	on a Resume may be attached
Education:	Δ
	Thed
t	tucht
Experience:	
Past Positions:	
Hobbies: camping, crochet,	Sewing, gardening, travel,
	X is the second se
Making any false statements herein	may be cause for revocation by the City Commission of
	intment to a Board/Committee.
P.J. Rungling	
Signature: Patricia K.M.Lill	Date: <u>3~12-24</u>
Initials of Clerk or Deputy:	Date received or confirmed: $3/12/24$
1 35	
Please check one: <u>V</u> New Application	on Currently Serving on Board Updated Information
Note: Application is effective for one year from date of 0 954-786-4611, or send via fax to: 954-786-4095.	f completion. If you have any questions on the above, please call the City Clerk's Office at: 5.

# PATRICIA K. MCGILL (AKA-P.KAY)

954-629-1274 pkay18@bellsouth.net

1131 SW 3rd Terrace Pompano Beach, Fl 33060

#### PROFILE

I was honored to be a housewife while my kids were in school. In the early 1990's I obtained my Licensed Practical Nurse (LPN) and went on to get my Registered Nurse (RN). From approximately 1969-1980's was a Den Mother, Girl Scout Leader and trainer. If appointed to the EMS advisory board I will be willing to learn the position, offer input and help where needed.

#### EXPERIENCE

2023 to present: Patriot Academy certified coach-present Constitution programs to local venues, home groups, church and Burrie Center in Pompano

2022-present:CERT trained with City of Pompano and leader qualified

1997-present: RN at Imperial Point Medical Center (BHIP) Worked Medical/ surgical floor; Emergency Room (2000-2013).retired 2013 but working now per diem at Same Day Surgery at BHIP

1993-1997 North Broward Medical Center on Pediatric Floor as LPN

1966-1968 Pompano Beach Junior High as Large Class Secretary

1964-1966 Greenstein Trucking Company-Clerical

#### EDUCATION

1996-1997 — Broward Community College Registered Nurse Program AS degree LPN-RN transition (accelerated program)

1993-1993- Practical Nurse program at Atlantic Vocational

1963 Graduated from Pompano Beach High School.

#### SKILLS

My experience as a nurse and especially in the Emergency Department has enhanced my compassion and training.. I learned thru experience to work under stressful conditions. We trained for-the what ifs—- Antrax, major disasters, and many more drills involving the hospital. I was trained to do charge nursing in the ER, have maintained my ACLS, o obtained my Certified Emergency Nurse (not active now), served on Nurse Practice Council

Shining Star at BHIP; multiple positive letters from patients