



**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: GWENDOLYN S. LEYS
(Optional)

Residence Information:

Home Address: 620 SE 5th Terrace
City/State/Zip: Pompano Beach FL 33060
Home Phone: 954-942-8108 Cell Phone: 954-647-3539
Email: gleyes RN@bellsouth.net Fax: 954-942-8188

Business Information:

Employer/Business Name: Comprehensive Home Care
Current Position / Occupation: RN - Field Nurse
Business Address: 6450 NW 5th Way
City/State/Zip: FT. Lauderdale, FL 33309
Business Phone: 954-834-2222 Fax: 954-834-2227 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: MARINE Advisory Board

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 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 type="checkbox"/> Charter Amendment	<input type="checkbox"/> Employee's Health Insurance	<input type="checkbox"/> Recycling & Solid Waste
<input type="checkbox"/> Community Appearance	<input type="checkbox"/> *General Employee's Retirement System	<input type="checkbox"/> Sand & Spurs Riding Stables
<input type="checkbox"/> *Community Development	<input type="checkbox"/> Golf	<input checked="" type="checkbox"/> Marine
<input type="checkbox"/> CRA East	<input type="checkbox"/> Historic Preservation	<input type="checkbox"/> *Unsafe Structures
<input type="checkbox"/> CRA West	<input type="checkbox"/> *Housing Authority of Pompano Beach	<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:

Hahnemann University (now Drexel)
Philadelphia, Pa RN-BSN

Experience:

Registered Nurse since 1981 to
present

Past Positions:

Charge Nurse - Psych units -

Memorial Regional Hosp

Head Nurse - Complete Dialysis Care - Coral

Home Health Nurse - Comprehensive Services
Home Care

Hobbies:

Community Service - Coast Guard
Kiwanis Club

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

Signature:

Guendolen S. Teep

Date:

10-12-11

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.