



City of North Miami Beach, Florida

APPLICATION FOR COMMISSION ON AGING SENIOR CITIZENS ADVISORY BOARD

CITY CLERK'S OFFICE
21 MAY 12 PM 2:33

The Senior Citizens Advisory Committee was created for the purpose of making periodic written reports and recommendations to the City Commission and to assist the Director of the Senior Citizens Program in any way possible and to meet the necessary requirements for funding which may be received from any local, State or Federal governmental agency. The members of this Committee shall serve in an advisory capacity only.

(PLEASE PRINT CLEARLY)

1. NAME: EVANS St. Fort
2. HOME ADDRESS: 2145 N.E. 164 St
CITY: No. Miami Beach STATE: FL ZIP: 33162
3. BUSINESS NAME: St. Fort's Funeral Home
BUSINESS ADDRESS: 16480 N.E. 19 AVE
CITY: No. Miami Beach STATE: FL ZIP: 33162
4. CONTACT NO: (HOME) _____ (BUSINESS) 305-946-1428
CELL: 305-710-7919 EMAIL ADDRESS: EVANS@stfortsfuneral
FAX: 305-705-3072 home.com
5. ARE YOU A RESIDENT OF THE CITY OF NORTH MIAMI BEACH OR DO YOU WORK IN THE CITY OF NORTH MIAMI BEACH?
RESIDENT WORK (YES OR NO)
6. HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO
7. HIGHEST LEVEL OF EDUCATION AND OCCUPATION:
Associates in Science

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8. ARE YOU RELATED TO A CITY EMPLOYEE? YES _____ NO X
(IF YES, PLEASE STATE THE NAME OF THE EMPLOYEE AND THE DEPARTMENT IN WHICH HE/SHE WORKS: _____)

9. EMPLOYMENT HISTORY (PLEASE INCLUDE EMPLOYER, POSITION, YEARS SERVED):

PRESENT STATUS: CEO of St. Paul's Funeral Home
2003 to Current
_____ to _____
_____ to _____

10. HAVE YOU EVER SERVED ON AN ADVISORY BOARD OR COMMITTEE DEALING WITH AGING - SENIOR CITIZENS MATTERS (IF SO PLEASE LIST WHERE, WHEN, AND IN WHAT CAPACITY)

NO

11. PLEASE STATE YOUR REASON FOR INTEREST IN APPLYING FOR THE COMMISSION ON AGING - SENIOR CITIZENS ADVISORY BOARD:


I want to help

12. PLEASE LIST QUALIFICATIONS, TALENTS, OR EXPERTISE AS IT RELATES TO MEMBERSHIP FOR THIS BOARD:

Chamber, Board Member of No. Miami, W. Miami Beach Chamber

CERTIFICATION

I CERTIFY UNDER OATH, AND PENALTY OF PERJURY, THAT ALL INFORMATION SHOWN ABOVE IS TRUE AND CORRECT. I DO UNDERSTAND THAT ANY APPOINTMENT TO A BOARD, COMMITTEE, COMMISSION OBTAINED ON A MISREPRESENTATION OF A MATERIAL FACT SHALL BE NULL AND VOID.

APPLICATION DATE: 05/12 APPLICANT'S SIGNATURE: 

APPOINTMENT DATE: _____ BY _____