



CITY CLERK'S OFFICE
21 JUN 29 PM 1:06

City of North Miami Beach, Florida

APPLICATION FOR COMMISSION ON THE STATUS OF WOMEN

The Commission on the Status of Women shall serve in an advisory capacity to the City Commission, the City Administration, the community, and all agencies and persons in the City of North Miami Beach with respect to all matters pertaining to the status of women, including, but not limited to, discrimination against women, employment of women, education of women, and the establishment of day care centers in the community. The Commission shall attempt to assist others in developing a proper attitude towards women in the community.

(PLEASE PRINT CLEARLY)

1. NAME: A. SILVER
2. HOME ADDRESS: 3660 NE 166 ST #503
CITY: NMB STATE: FL ZIP: 33160
3. BUSINESS NAME: Love To Help Foundation, Inc.
BUSINESS ADDRESS: 1434 NE 163RD ST.
CITY: NMB STATE: FL ZIP: 33160
4. CONTACT NO: (HOME) _____ (BUSINESS) _____
CELL: (207) 4235740 EMAIL ADDRESS: asilver@lovetohelp.care
FAX: _____
5. ARE YOU A RESIDENT OF THE CITY OF NORTH MIAMI BEACH OR DO YOU WORK IN THE CITY OF NORTH MIAMI BEACH?
RESIDENT NO WORK (YES OR NO)
6. HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO
7. HIGHEST LEVEL OF EDUCATION AND OCCUPATION:
MPH - self-employed.

8. ARE YOU RELATED TO A CITY EMPLOYEE? YES _____ NO ✓
(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: Volunteer for Love to Help.
_____ to _____
_____ to _____
_____ to _____

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

No

11. PLEASE STATE YOUR REASON FOR INTEREST IN APPLYING FOR THE COMMITTEE ON STATUS OF WOMEN:

To help bring awareness to women's issues and to build a network of women leaders in the NMB community.

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

my experience includes public relations and outreach advocacy.

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 1/28/21 APPLICANT'S SIGNATURE: [Signature]

APPOINTMENT DATE: _____ BY _____