



# City of North Miami Beach, Florida

## APPLICATION FOR COMMISSION ON AGING SENIOR CITIZENS ADVISORY BOARD

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: Zipporah Michel
2. HOME ADDRESS: 1087 NE 210 TERRACE  
CITY: MIAMI STATE: FL ZIP: 33179
3. BUSINESS NAME: SELF-EMPLOYED  
BUSINESS ADDRESS: 1087 NE 210 TERRACE  
CITY: MIAMI STATE: FL ZIP: 33179
4. CONTACT NO: (HOME)                      (BUSINESS) Visual Arts  
CELL: (786) 247-4051 EMAIL ADDRESS: zipporahmichel@zipora-art.com  
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 No (YES OR NO)
6. HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES                      NO ✓
7. HIGHEST LEVEL OF EDUCATION AND OCCUPATION:  
High School Diploma / Some College | Artist

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: SUBSTITUTE TEACHING

2020 to -

\_\_\_\_\_ 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:

ENGAGING WITH THE SENIOR CITIZEN COMMUNITY  
AS IT HAS BEEN JUST AS STRESSFUL WITH THEM LIKE  
EVERYONE ELSE DURING COVID. I WOULD LOVE TO  
CONTRIBUTE AS AN ARTIST TO THE SENIORS.

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

MICROSOFT OFFICE SOFTWARE, FINE ARTS,  
ILLUSTRATION, LITERATURE, GRAPHIC DESIGN,  
EDUCATION AND INSTRUCTION.

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: 01/24/21 APPLICANT'S SIGNATURE: [Signature]

APPOINTMENT DATE: \_\_\_\_\_ BY \_\_\_\_\_