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: Geeta Gosein Vasquez

2. HOME ADDRESS: 17490 N.E 19th Ave

   CITY: N. M-Bch STATE: FL ZIP: 33162

3. BUSINESS NAME: N/A.

   BUSINESS ADDRESS: N/A.

   CITY: N/A STATE: N/A ZIP: N/A

4. CONTACT NO: (HOME) 305-785-4890 (BUSINESS) N/A

   CELL: 305-785-3876 EMAIL ADDRESS: geeta.g.vasquez@gmail.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 YES WORK _____ (YES OR NO)

6. HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO (NO)

7. HIGHEST LEVEL OF EDUCATION AND OCCUPATION:

   MANAGEMENT.

CITY CLERK'S OFFICE
'25 MAY 28 PM 1:47

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: _____

____ to ____ RETIRED.

____ 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)

N/A

11. PLEASE STATE YOUR REASON FOR INTEREST IN APPLYING FOR THE COMMISSION ON AGING-SENIOR CITIZENS ADVISORY BOARD:
I am advocating for the needs and well being for older Adult and Can help Shape Programs & community and connection stay active

12. PLEASE LIST QUALIFICATIONS, TALENTS, OR EXPERTISE AS IT RELATES TO MEMBERSHIP FOR THIS BOARD: knowledge of local resources and Services for Seniors in community Active listening understanding Real needs Co-ordination

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: 5/28/25 APPLICANT'S SIGNATURE: Leticia Gomez Vasquez

APPOINTMENT DATE: _____ BY _____

Revised 2/14/19