City of North Miami Beach, Florida

APPLICATION FOR YOUTH ADVISORY BOARD

The Youth Advisory Board shall have only advisory powers to the Mayor and City Commission and shall submit reports and recommendations to the Mayor and City Commission pertaining to matters involving and/or affecting the youth of the city.

(PLEASE PRINT CLEARLY)

1. NAME: TAMARA ST-SAUVEUR

2. HOME ADDRESS: 1750 S Glades Dr.

   CITY: North Miami Beach STATE: FL ZIP: 33162

3. CONTACT NO: (HOME) 786-914-2799 (CELL) _____

   CELL: _____ EMAIL ADDRESS: tamarastsauveur1@gmail.com

   FAX: _____

4. ARE YOU A RESIDENT OF THE CITY OF NORTH MIAMI BEACH? (YES OR NO)

5. HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO ✓

6. HIGHEST LEVEL OF EDUCATION: High School

7. 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: _____)

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

   Yes, at my local library since my freshmen year (TAB) -Teen advisory board

9. PLEASE STATE YOUR REASON FOR INTEREST IN APPLYING FOR THE YOUTH ADVISORY BOARD:

   An opportunity for working and job experience.

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

Responisble, Committment, Quick Learner, Helpful.

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: 1-21-2026 APPLICANT'S SIGNATURE: Tanya Sh

APPOINTMENT DATE: _____ BY _____

Revised 10/14/2025