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: ELAINE JARVIS

2. HOME ADDRESS: 18461 NE 7TH Court

   CITY: NMB STATE: FL ZIP: 33179

3. BUSINESS NAME: —

   BUSINESS ADDRESS: —

   CITY: _____ STATE: _____ ZIP: _____

4. CONTACT NO: (HOME) 305 799 3645 (BUSINESS) _____

   CELL: _____ EMAIL ADDRESS: _____

   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_____ WORK_____ (YES OR NO)

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

7. HIGHEST LEVEL OF EDUCATION AND OCCUPATION:

   College

CITY CLERK'S OFFICE
'26 MAR 18 PM12:15

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: Reg Nurse

_____ 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:

Senior

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

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: 2/9/26 APPLICANT'S SIGNATURE: Elaine Jarvis

APPOINTMENT DATE: _____ BY _____

Revised 2/14/19