

Citizens Advisory Committee Application

Return Application to: Lee County Metropolitan Planning Organization

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Please note: Your application will remain active in the MPO’s Office for one (1) year. Resumes may be included; however, the application MUST still be completed. Read “Important Information” section on the second page of the application, then sign and date the application. (Use additional pages as needed.)

**PLEASE TYPE OR PRINT IN INK**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Commission District #/City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Florida Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any Advisory Boards/Committees to which you are currently appointed:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation (Or if retired, please indicate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application for Citizen Advisory Committee (Attach additional sheets or a resume if necessary)

Complete the following: (Please describe those facets of your background/experience which you feel may be useful for membership on this Board/Committee. Please list all public involvement activities you been involved in (include efforts outside the local area). Should you feel it appropriate, you may include academic, vocational, and skill training; diplomas, degrees and certification; licenses and other background information).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe any public involvement or community service you’ve been involved in either locally or otherwise.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you be willing to serve on other advisory boards? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***IMPORTANT INFORMATION:***

• Florida State Statute 119.07 designates that this application as a public document be made available for anyone requesting to view it.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you related to any member of the Lee County MPO?

\_\_\_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_\_\_ NO

A LIST OF SAMPLE ELIGILBILITY REQUIREMENTS OR DESIRED QUALIFICATIONS FOR MEMBERSHIP ON THE CITIZEN’S ADVISORY COMMITTEE

To assist the Lee County MPO in its selection process, please check as many of the following categories that apply to you:

1. Year-round resident of:

a. Lee County (Unincorporated area) \_\_\_\_\_\_

b. City of Cape Coral \_\_\_\_\_\_

c. City of Fort Myers \_\_\_\_\_\_

d. City of Bonita Springs \_\_\_\_\_\_

e. City of Sanibel \_\_\_\_\_\_

f. Town of Fort Myers Beach \_\_\_\_\_\_

2. Member of one of the following organizations or group:

a. Florida Engineering Society \_\_\_\_\_\_

b. Chamber of Commerce \_\_\_\_\_\_

c. NAACP \_\_\_\_\_\_

d. Historical Preservation Society \_\_\_\_\_\_

e. A Homeowners’ Association \_\_\_\_\_\_

f. A Local Environmental Group \_\_\_\_\_\_

g. Home Builders Association \_\_\_\_\_\_

h. Lee County School Board \_\_\_\_\_\_

i. Agricultural Community \_\_\_\_\_\_

j. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

3. Representative of one of the following:

a. Persons with Disabilities \_\_\_\_\_\_

b. Public Libraries \_\_\_\_\_\_

c. Education \_\_\_\_\_\_

d. Florida Department of HRS \_\_\_\_\_\_

e. United Way \_\_\_\_\_\_

f. Elderly Health Care Consumers \_\_\_\_\_\_

g. Nongovernmental Health Care Consumers \_\_\_\_\_\_

h. Consumers of Regular Bus Service \_\_\_\_\_\_

i. Developmental Disability Services \_\_\_\_\_\_

j. The Elderly \_\_\_\_\_\_

k. Veterans \_\_\_\_\_\_

l.. Criminal Justice \_\_\_\_\_\_

m. Health and Rehabilitative Services \_\_\_\_\_\_

n. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

4. Professional/Career Credentials:

a. Registered Architect \_\_\_\_\_\_

b. Licensed Attorney \_\_\_\_\_\_

c. Licensed Engineer \_\_\_\_\_\_

d. Licensed Building Contractor \_\_\_\_\_\_

e. Licensed Electrical Contractor \_\_\_\_\_\_

f. Licensed General Contractor \_\_\_\_\_\_

g. Licensed Heating/Air Conditioning Contractor \_\_\_\_\_\_

h. Licensed Plumbing Contractor \_\_\_\_\_\_

i. Fire Official \_\_\_\_\_\_

j. Geologist \_\_\_\_\_\_

k. Licensed Health Professional \_\_\_\_\_\_

l. Realtor \_\_\_\_\_\_

m. Subcontractor (especially in building trades) \_\_\_\_\_\_

n. Owner or Operator of Motel/Hotel, etc. \_\_\_\_\_\_

o. Licensed Veterinarian \_\_\_\_\_\_

p. Judge of the Family Law Division \_\_\_\_\_\_

q. Land Surveyor \_\_\_\_\_\_

r. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

5. Knowledge, training, background, interest or experience in:

a. Natural Sciences: Ecology, Biology, Botany, etc. \_\_\_\_\_\_

b. Education \_\_\_\_\_\_

c. Banking or Finance \_\_\_\_\_\_

d. Real Estate \_\_\_\_\_\_

e. Planning, Engineering, Environment \_\_\_\_\_\_

f. The Development Industry \_\_\_\_\_\_

g. Technical Codes (Building Codes) \_\_\_\_\_\_

h. Archaeological, Historical Matters \_\_\_\_\_\_

i. Architectural Development and Planning \_\_\_\_\_\_

j. Historical Preservation \_\_\_\_\_\_

k. Rehabilitation (related to health matters) \_\_\_\_\_\_

l. Tourist Industry \_\_\_\_\_\_

m. Child Advocate \_\_\_\_\_\_

n. Agriculture \_\_\_\_\_\_

o. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

The Lee County MPO strives to ensure equal access for minorities, women, low income and those with disabilities to serve on advisory boards/committees.

The information below is voluntary only:

6. Ethnic Background:

a. African American \_\_\_\_\_\_

b. Asian American \_\_\_\_\_\_

c. American Woman \_\_\_\_\_\_

d. Hispanic American \_\_\_\_\_\_

e. Native American \_\_\_\_\_\_

f. Multi-lingual \_\_\_\_\_\_

g. Other \_\_\_\_\_\_

7. Family Income Level:

1. Less than $20,000 per year \_\_\_\_\_
2. Between $20,001 and $40,000 \_\_\_\_\_
3. Between $40,001 and $60,000 \_\_\_\_\_
4. Greater than $60,000 per year \_\_\_\_\_

8. Family Size

1. One or two people \_\_\_\_
2. Three or four people \_\_\_\_
3. Five or six people \_\_\_\_
4. Greater than six people \_\_\_\_