



6601 Main Street  
 Miami Lakes, FL 33014  
 P: 305-364-6100 F: 305-558-8511  
 www.miamilakes-fl.gov

# Committee Member Application Form *Page 1*

The Town of Miami Lakes is a public entity subject to Chapter 119 of the Florida Statutes concerning public records. Please be advised that all submitted Advisory Board, Committee, and Task Force applications are a public record and therefore subject to the disclosure provisions of Chapter 119 of the Florida Statutes.

Please return signed and completed application form to: Town of Miami Lakes, 6601 Main Street, Miami Lakes, FL 33014  
 Attn: Gina Inguanzo Email: InguanzoG@MiamiLakes-FL.gov

## APPLICANT'S INFORMATION

Last Name	First Name	Middle Initial
Occupation		
Address		
City	State	Zip
Mobile Phone	Home Phone	Work Phone
E-Mail		
Length of Residence in Miami Lakes (if applicable)	_____ Years      Months	Length of Time of Business Miami Lakes (if applicable)
		_____ Years      Months

On the questionnaire below, please select any category which may apply to you. Identity of the applicant is confidential and compliance is strictly voluntary. Information will be used solely to comply with the reporting requirements of Section 760.80, Florida Statutes.

- |   |  |   |   |
|---|--|---|---|
| <b>Race</b><br><input type="checkbox"/> African-American<br><input type="checkbox"/> Asian-American<br><input type="checkbox"/> Hispanic-American | <input type="checkbox"/> Native-American<br><input type="checkbox"/> Caucasian<br><input type="checkbox"/> Not Known | <b>Gender</b><br><input type="checkbox"/> Male<br><input type="checkbox"/> Female<br><input type="checkbox"/> Not Known | <b>Disability</b><br><input type="checkbox"/> Physically Disabled |
|---|--|---|---|



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# Committee Member Application Form *Page 2*

Last Name

First Name

Middle Initial

### Please select the committee(s) you are interested in joining:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Cultural Affairs Committee     | <input type="checkbox"/> Elderly Affairs Committee          | <input type="checkbox"/> Special Needs Committee       |
| <input type="checkbox"/> Economic Development Committee | <input type="checkbox"/> Neighborhood Improvement Committee | <input type="checkbox"/> Youth Activities Task Force   |
| <input type="checkbox"/> Education Advisory Board       | <input type="checkbox"/> Public Safety Committee            | <input type="checkbox"/> Veterans Committee            |
| <input type="checkbox"/> Par 3 Park Committee           | <input type="checkbox"/> Planning & Zoning Board            | <input type="checkbox"/> Sports Hall of Fame Committee |

Please note that some committees and its members are subject to criminal background checks. Per AO#07-01

Please tell us about yourself (education, profession, personal accomplishments, honors received, hobbies), list your experience relevant to the committee(s) you are applying for, and provide a brief statement outlining why you wish to serve on the committee(s) you have selected above.

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Signature of Applicant	Date

### Appointed By:

- |  |  |
|--|--|
| <input type="checkbox"/> Mayor Manny Cid         | <input type="checkbox"/> Councilman Cesar Mestre     |
| <input type="checkbox"/> Vice Mayor Tony Lama    | <input type="checkbox"/> Councilman Frank Mingo      |
| <input type="checkbox"/> Councilman Luis Collazo | <input type="checkbox"/> Councilman Nelson Rodriguez |
| <input type="checkbox"/> Councilman Tim Daubert  |  |

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Date of Appointment

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Mayor/Council Signature



## Town of Miami Lakes

### National Background Screening Consent/Release Form

**Circle One of the following:** Baseball    Softball    Flag Football    Soccer    Cheer  
Just Run    Basketball    Committee Member    Program Instructor    Other

Applicant's **Legal** Name (printed)

\_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicant's Address

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, \_\_\_\_\_, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Contact Phone Number (s): \_\_\_\_\_

**Please Fax or Mail Directly to:**

Southeastern Security Consultants, Inc.

1853 Piedmont Road, Suite 100

Marietta, GA 30066

Telephone: 866-996-7412

Fax: 866-996-1292

Website: [www.ssci2000.com](http://www.ssci2000.com)