



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
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Occupation

Address

City	State	Zip
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Mobile Phone	Home Phone	Work Phone
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E-Mail

Length of Residence in Miami Lakes _____ (if applicable) Years Months	Length of Time of Business Miami Lakes _____ (if applicable) Years Months
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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.

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



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