

Profile

Kathleen Agnew
First Name Middle Initial Last Name

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Email Address

3155 Masters Dr. Suite or Apt
Home Address

Clearwater FL 33761
City State Postal Code

Home: (727) 787-6368
Primary Phone Alternate Phone

Length of Residency - please select one. *

☒ 6+ years

Do you own or represent a business in Clearwater?

☐ Yes ☒ No

If yes, where is the business located? Do you conduct business with the City?

Which Boards would you like to apply for?

Clearwater Housing Authority: Submitted

Retired Retired
Employer Job Title

Occupation - If retired, enter former occupation.

RN

Have you served or do you serve on a board in Clearwater?

☒ Yes ☐ No

If yes, please list the name of the board.

Clearwater Housing Authority

Why do you wish to serve on this board/committee? If seeking reappointment, state why you should be reappointed.

Seeking reappointment to provide assistance based on experience.

What personal qualifications can you bring to this board or committee?

Time and valuable experience and I care for my fellow residents of Clearwater

List Community Activities

President of Clubhouse Estates HOA Clearwater Neighborhood Coalition Clearwater Urban League Coalition Pinellas County Schools Volunteer Level 2 NAACP

[KA.docx](#)

Upload a Resume

Question applies to multiple boards

Are you related to any member of the City Council?

☐ Yes ☒ No

Question applies to multiple boards

If yes, please provide name and explain relation.

No

Question applies to multiple boards

Are you related to a city employee?

☐ Yes ☒ No

Question applies to multiple boards

If yes, please provide name and explain relation.

No

Demographics

Some boards and commissions require membership to be racially, politically or geographically proportionate to the general public. The following information helps track our recruitment and diversity efforts. (Optional)

Ethnicity

☒ Caucasian/Non-Hispanic

Gender

☒ Female

07/22/1949

Date of Birth

The City of Clearwater strives to promote diversity and provide reasonable accommodations for individuals with disabilities. If you are requesting accommodation, please indicate below:

NA

By clicking on "I Agree," below, I affirm that the information above is true and correct, and that I understand and agree to the responsibilities and commitment of time associated with an appointment to a Clearwater advisory board or committee.

☒ I Agree

All material submitted to the City of Clearwater is subject to the public records law of the State of Florida including Chapter 119, Florida Statutes.