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**Profile**

Polly \_\_\_\_\_ Ward \_\_\_\_\_  
First Name Middle Initial Last Name

ward.polly@gmail.com \_\_\_\_\_  
Email Address

2009 Sea Front Ct. \_\_\_\_\_  
Home Address Suite or Apt

Clearwater \_\_\_\_\_ FL \_\_\_\_\_ 33763  
City State Postal Code

Home: (727) 215-8057 \_\_\_\_\_  
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?**

Clearwater

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**Which Boards would you like to apply for?**

Environmental Advisory Board: Submitted

Self \_\_\_\_\_ Territory Manager \_\_\_\_\_  
Employer Job Title

**Occupation - If retired, enter former occupation.**

Sales

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

Yes  No

**If yes, please list the name of the board.**

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

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I would like to get more involved in the community and utilize my education in public health to improve every day life to residents of Clearwater.

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

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I have a background in healthcare and have a master's degree in Public Health.

**List Community Activities**

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Member of Peace Memorial Presbyterian Church Volunteered with several dental charity organizations over the years

[Polly\\_Ward\\_Resume\\_2.pdf](#)

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Upload a Resume

Question applies to multiple boards

[JULIE\\_MARCUS.pdf](#)

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Please attach a copy of your current voter registration within city limits.

Question applies to multiple boards

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Please attach a copy of one of the following documents:  
1) valid current Florida Driver License issued to an address within city limits, or 2) Declaration of Domicile filed with the city clerk affirming residency within city limits.

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**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**

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Caucasian/Non-Hispanic

**Gender**

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Female

08/26/1971

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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:**

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**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.**

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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.