CITY OF CLEARWATER - APPLICATION FOR ADVISORY BOARDS

(must be Clearwater resident)

Please type or print clearly.

Name: Sahar Jaher	
Home Address: 17991) Hishard Aug 1	Office Address: -118 Cleanualer 337-55
Telephone: (8(3)369-1744 Cell Phone:	Telephone:Email Address:hacladd/AGecnet)
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How long a resident of Clearwater?	N
Occupation:	Employer:
Field of Education:	Other Work Experience:
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- maneigneel	
If retired, former occupation:	
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Other Interests:	<u> </u>
Board Service (current and past):	Board Preference:
Additional Comments:	
Signature: Shen Jehr	Date: ()/6//6

See attached list for boards that require financial disclosure at time of appointment. Please return this application and board questionnaire to the Official Records & Legislative Services Department, P. O. Box 4748, Clearwater, FL 33758-4748, or drop off your application at City Hall, 2nd Floor, 112 S. Osceola Avenue.

Note: <u>For boards requiring Clearwater residency, this application must be accompanied by a copy of one of the following:</u>

- Current voter registration within city limits
- Valid current Florida Drivers' License issued to an address within city limits

RECEIVED

· Declaration of Domicile filed with the city clerk affirming residency within city limits

DEC 06 2016

OFFICIAL RECORDS AND LEGISLATIVE SRVCS DEPT

BOARD QUESTIONNAIRE

What is your understanding of the board's duties and responsibilities?
The board sets the mission and oversous policies, monitors agency operations a big protune boutstens
2. Have you ever observed a board meeting either in person or on the City's TV station C-View?
3. What background and/or qualifications do you have that you feel would qualify you to serve on this Board? I am a current recipent and a client of the A. I understand the needs of our community and CAA's Role in meeting those needs.
4. Why do you want to serve on this Board? The to Be part of any change for the better within my Community Housing is important.
Name: Saher Daher Board Name: Cleanwaker Housing Authority.