

Board Selection

Please refer to the [City of Clearwater Advisory Boards listing](#) for requirements.

You will need to upload at least one of the following:

- Current voter registration within city limits
- Valid current Florida Driver License issued to an address within city limits
- Declaration of Domicile filed with the city clerk affirming residency within city limits

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JUL 30 2018

OFFICIAL RECORDS AND
LEGISLATIVE SRVCS DEPT.

Select the Boards That You Would Like to Apply To

Boards

[Sister Cities Advisory Board](#)

Personal Info

First Name *	Michael
Middle Initial	W
Last Name *	Ballard
Email Address *	m7w7b7@gmail.com
Primary Phone *	727-415-8112 (Exampler: (123) 456-7890)
Length of Residency *	If not a resident of Clearwater, select "Not a Resident" 6+ Years
Business Owner? *	Do You Own or Represent a Business in Clearwater? <input type="radio"/> Yes <input checked="" type="radio"/> No

Home Address

Street Address *	2275 Springrain Dr.
City *	Clearwater
Zip Code *	33763

Education & Work

Highest Level of Education Master's degree

Occupation If retired, enter former occupation
School counselor

Employer Pinellas Co. Schools/Pinellas Technical HS

Relevant Work Experience 19 years guidance counselor (MS, HS, and at-risk)
Taught Communications and Human Relations three semesters at FSU

Community Activities Citizens Academy graduate last year

Board Service* Have you served or do you serve on a board in Clearwater?
☐ Yes ☒ No

Attachments

Please refer to the [City of Clearwater Advisory Boards listing](#) for requirements and please attach a copy of one of the following documents:

- Current voter registration within city limits
- Valid current Florida Driver License issued to an address within city limits
- Declaration of Domicile filed with the city clerk affirming residency within city limits

Proof of Residency

DLoFMWB.pdf

245.52KB

File types accepted: pdf, tif, tiff, jpeg, jpg, gif, doc, docx, rtf, png. 10 MB max file size.

Questionnaire

Question 1. What is your understanding of the duties and responsibilities of the Board(s)?

Answer 1. * Help make recommendations with respect to the activities of the Sister Cities programs and to assist communication with the city council on issues that affect the development of the program.

Question 2. Have you ever observed a board meeting either in person or on C-View, the City's TV station?

Answer 2. * ☒ Yes ☐ No

Question 3. What background, experience, or education qualifies you to serve on the Board(s)?

Answer 3. * I have approximately thirty years of service in public education which has involved interacting frequently with very diverse cultures. I have extensive experience as both a teacher and guidance counselor. I speak Spanish and enjoy travelling in other countries.

Question 4. Why do you want to serve on the Board(s)?

Answer 4. * I want to assist my community with more than just my job and one step towards that was to take part in the Citizens Academy. With my skill set from my career, I am certain I can be a valuable addition to the Sister Cities program. I care very much about fostering goodwill beyond the borders of the United States.

Date * 7/29/2018

Signature *
Michael Ballard