

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

Select the Boards That You Would Like to Apply To

Boards

Charter Review Committee

RECEIVED

DEC 04 2018

OFFICIAL RECORDS AND
LEGISLATIVE SRVCS DEPT.

Personal Info

First Name * Trisha

Middle Initial

Last Name * Rodriguez

Email Address * trisha@clearwaterferry.com

Primary Phone * 262-620-3866
(Example: (123) 456-7890)

Length of Residency * If not a resident of Clearwater, select "Not a Resident"
1-5 Years

Business Owner? * Do You Own or Represent a Business in Clearwater?
☒ Yes ☐ No

Home Address

Street Address * 240 Windward Passage #1304

City * Clearwater

Zip Code * 33767

Education & Work

Highest Level of Education Bachelor's degree

Occupation If retired, enter former occupation
Business Owner

Employer Clearwater Ferry Services & The Tropics Boat Tours

Relevant Work Experience I have run two businesses in the City of Clearwater for 10 years and have a good understanding of the City of Clearwater.

Community Activities I have served on several committees and boards in Clearwater over the last 10 years. These include 4 years as an Executive Board member and several committees for the Clearwater Beach Chamber, 4 years as a committee member for several Regional Chamber committees, 2 years as an Executive Board member for the DMCA and currently serving my 2nd year on the Tourism Development Council for Pinellas County. I also serve as the Fundraising Chair Person for the Island Estates Women's Association.

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

Board Experience

Board*	Start Year*	End Year*
Clearwater Beach Chamber	2011	2016
DCMA	2017	2018
CAC	2016	2018
IEWC	2017	2018
TDC	2016	2018

Business Info

Business Address

Business Name * Clearwater Ferry Services

Street Address * 615 Pinellas St. Unit 2

City * Clearwater

Zip Code * 33756

Business Phone * 727-755-0297
(Example: (123) 456-7890)

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

Trisha ID.pdf

144.85KB

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.* To gather ideas from the community that we serve that complete the objectives of the Board.

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 served on several board over the past 10 years.

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

Answer 4.* I believe it is my duty to give back to my community.

Date* 11/28/2018

Signature* 