Application for Advisory Boards



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 Tha	: You Would	Like to App	ly To
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Boards Community Development Board*

Personal Info First Name * Muhammad Middle Initial Abdur-Rahim Last Name * Email Address* mabdurrahim5@gmail.com Primary Phone * 727-424-5135 (Example: (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? C Yes © No Home Address Street Address* 1028 N.Madison Ave City* Clearwater Zip Code * 33755

Education & Work

Highest Level of Education Some college credit, no degree

Occupation If retired, enter former occupation

Retired

Employer Previous/City of Clearwater/Public service

Relevant Work Experience I manager the Stormwater Divison and Streets and Sidewalk.

Community Activities I have been involved with community activities since 1975.

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

O Yes O No

Attachments

Voter Registration*

16146197196843135663041416588574.jpg

4.29MB

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

One of the boards selected requires the upload of your voter registration. This will satisfy the proof of residency for any other boards selected.

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 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 serve in an advisory capacity.		
Question 2. Have you ever observed a board meeting either in person or on C-View, the City's TV station?			
Answer 2. *			
Question 3. What background, experience, or education qualifies you to serve on the Board(s)?			
Answer 3. *	My number of years working in the City and my experience as a volunteer working on a number of community committees since 1975.		
Question 4. Why do you want to serve on the Board(s)?			
Answer 4. *	To help my community become better understood with regard to Boards and the citizens responsible to them.		
Date*	3/1/2021		
Signature *	Malak 11 - Pha		
Checkbox	✓ choice 1 □ choice 2 □ choice 3		
Checkbox	✓ choice 1 □ choice 2 □ choice 3		
Drop-down			
Radio Button	C choice 1 C choice 2 c choice 3		