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

Boards Brownfields Advisory Board

Personal Info First Name * THOMAS Middle Initial Last Name * Hinson Email Address* thomas328@verizon.net Primary Phone * 727-409-3865 (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? • Yes • No Home Address Street Address* 1426 Fairmont street City* CLEARWATER Zip Code * 33755

Education & Work

Highest Level of Education Bachelor's degree

Occupation If retired, enter former occupation

Owner

Employer SMITHS SERVICES AND GROCERY

Relevant Work Experience Sales

Community Activities WILLA CARSON HEALTH AND WELLNESS CENTER

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

• Yes • No

Board Experience

Board *	Start Year *	End Year *
BOARD OF DIRECTORS FOR WILLA CARSON	1999	2020

Business Info

Business Address

Business Name * SMITHS SERVICES AND GROCERY

Street Address * 1101 NORTH MARTIN LUTHER KING AVE

City* CLEARWATER

Zip Code * 33755

Business Phone * 727-442-4980

(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 20210329_180325.jpg 3.77MB

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 DISCUSS AND ACT ON BOARD DECISIONS	
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.*	WORKING WITH OTHERS BROWNFIELD KNOWLEDGE PERSONEL.	
Question 4. Why do you want to serve on the Board(s)?		
Answer 4.*	Make CLEARWATER A SAFE AND HEALTHY LIFESTYLE	
Date *	3/29/2021	
Signature *	Un H	
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	