



"DEDICATED TO QUALITY SERVICE"

ADVISORY BOARD APPLICATION

The City of Stuart recognizes that citizen participation is vital to a customer-oriented government. The City also recognizes the unique contributions made by volunteers and encourages involvement in the policy-making process through service as an Advisory Board member.

Please read the Important Information section on the reverse side, then sign, date and submit.

Please note optional questions are marked with a (*)

* I am applying for membership on the Independant Review Board Advisory Board

Name: Kristin Stanely Home Phone: 630-774-6525

Home Address: 428 SW Akron Ave 7A City: Stuart Zip Code: 34994

Mailing Address: SAME City: Zip Code:

Home Fax No: Home E-mail : Kecstanley@me.com

Are you currently a City of Stuart resident? Yes If so, for how long? 4 years

*Are you registered to vote in Martin County? Yes Gender: Male Female x

Occupation: Business Broker Title: Business Broker

Name of Business: Acquisition Experts LLC Business Phone:

Business Address: 969 SE Federal Hwy ste 300 Zip Code : 34994

Business Fax: Business E-mail: Kristin@acquisitionexperts.net

Are you currently serving on any City of Stuart Advisory Board(s)? No

If yes, please name:

Please state your background, including your education and work experience; explain how this applies to the function of the Advisory Board:

I was contacted by Commissioner Becky Brunner to be a representative on this board.

List any of your professional credentials, licenses, or certificates that would be useful to this Advisory Board: Licensed Business Broker, Certified Life Coach,

List any membership(s) in civic or community organizations: Stuart Chamber,

Why do you want to serve on this Advisory Board?

My involvement within the City of Stuart and ensuring its ability to grow successfully and safely is why I would be a good candidate.

*The City of Stuart Commission strives to ensure equal opportunity for disabled persons and minorities to serve on Advisory Boards. If this applies to you, please indicate below: (Optional)

I understand the responsibilities associated with being a member of a City of Stuart Advisory Board(s) and I agree to commit the necessary time to fulfill these responsibilities. Applicants are encouraged to attend an Advisory Board meeting prior to seeking membership to better understand the scope of Advisory Board members.

Important Information/Be Advised that:

1. Membership on certain Advisory Board may have specific membership requirements, involving a financial disclosure, and/or require the submission of other information.
2. This Advisory Council Application Form, when completed and filed with the City, is a Public Record under Chapter 119, Florida Statutes, and therefore is open to public inspection.
3. Resumes may be included, but the Advisory Board Application **MUST** be completed and signed in order to be considered; use additional pages if necessary. The applicant is responsible for keeping the information on the application current.
4. Members shall faithfully attend and participate in meetings of the board. Any member who fails to attend three successive board meetings shall be deemed to have resigned from the board, and a vacancy shall be deemed to exist.

Applicant's Signature Kristin Stanley Date 11.22.17

Thank you for your interest in City of Stuart Government. If you have any questions regarding the completion and submission of this application, or the duties and scope of responsibilities of the specific Advisory Board, please contact the City Clerk, at 772-288-5306.

You may deliver this form in person or mail to City of Stuart, 121 SW Flagler Avenue Stuart, Florida 34994, ATTN: City Clerk.