

**APPLICATION TO JOIN THE MAYOR’S AFRICAN AMERICAN ADVISORY COUNCIL**

Thank you for your interest in the City of Tampa Mayor’s African American Advisory Council. Please fill out the application below and email it to [janelle.mcgregor@tampagov.net](mailto:janelle.mcgregor@tampagov.net) with **MAAAC Application** included in the subject line.

**DATE:**

**GENERAL:**

- 1. Name:
- 2. State your employer, position and title currently held, if any, including professional position and any public office. If you are employed outside the home, please share with us what you do.

3. Business address:

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

4. Residential address:

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Since \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

Is this within Hillsborough County?

What language[s] do you speak?

(Optional) Race \_\_\_\_\_ Ethnicity \_\_\_\_\_

5. Length of residence in State of Florida

6. Have you served as a member of the Mayor’s African American Advisory Council in the past?

If yes, please list the dates/terms you served on the council

Application Process

**Members of the City of Tampa Mayor’s African American Advisory Council serve at the pleasure of the Mayor. While the Council recommends applicants to fill vacancies on the Council to the Mayor, it is the Mayor who selects the final candidates for service upon the Council. Please complete the application as thoroughly as possible to ensure your application receives the full consideration it deserves. We thank you for your interests in serving the people of the city of Tampa.**

Public Record Disclosure

**It should be noted that this Application, upon submission to the Mayor or Council, becomes a public record pursuant to Florida Statute Chapter 119 (“Government-in-the-Sunshine”).**

Resume or CV Request

**Please attach a resume or curriculum vitae (CV) to this application. You may also include any information that you believe is important to share with us.**

**COMMUNITY INVOLVEMENT:**

7. The Mayor's African American Advisory Council focuses on involvement with and issues related to the African American community in the greater Tampa metropolitan area. Why would you like to join?

8. Do you have any involvement in the community? Are any of the organizations in which you are involved focused on the Black community? If yes, what are those organizations and how are you involved?

9. Membership in the Mayor's African American Advisory Council requires a commitment of time. The Council meets at least once a month, typically for 90 minutes on the second Thursday of the month. Also, the Council from time to time has various committees that work on special issues. If you are invited to join the Council, can you commit to making the required meetings?

10. Are there any issues important to you here in the community that you feel can be addressed by the Mayor's African American Advisory Council?

11. Please list three references and their contact information:

12. Provide any other information you feel would be helpful to the Council in evaluating your app

**CERTIFICATE**

**I have read the foregoing questions carefully and have answered them truthfully, fully and completely. I recognize and agree that pursuant to the Florida Constitution and Florida Statutes, particularly Chapter 119 (the Government-in-the-Sunshine law); the contents of this questionnaire and other information received from or concerning me, and all interviews and proceedings of the Council, except for deliberations by the Council, shall be open to the public.**

**Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ .**

**Signature**