

In order for the selection committee to learn more about you, please answer the following questions:

1. How long have you lived in Osceola County? _____

2. Are you a registered voter in Osceola County? Yes___ No___

3. Are you a property owner in Osceola County? Yes___ No___

If yes, please list the location of the property _____

4. Do you own a business in Osceola County? Yes___ No___

If yes, please list the name and location of the business _____

5. Are you or your employer a member of the St. Cloud Greater Osceola County Chamber of Commerce? Yes___ No___

6. Have you ever served on any government boards or committees? Yes___ No___

If yes, please list the government entity, the board or committee and what dates you served _____

7. Are you a holder of any professional licenses or certificates? Yes___ No___

If yes list the licenses and certificates that you hold _____

8. Please list any hobbies, interests and community activities: _____

9. What do you hope to learn and why do you want to participate in this program?

10. Please provide two personal references below:

1. _____
(Name) (Phone number)

(Address)

2. _____
(Name) (Phone Number)

(Address)

11. How did you learn about program? _____

Applicant Signature

Date

Please deliver or mail completed application to:

St. Cloud Greater Osceola Chamber of Commerce
Local Government 101
1200 New York Ave.
St. Cloud, FL 34769