CITY OF HOLLYWOOD ADVISORY BOARD/COMMITTEE INTEREST FORM

(Must Attach a Resume or Brief Biography and print/type all information)

Form must be filled out completely

Name: EMILY KYIGEY	Date: 1 26/18
Home address: 2711 SOUTH OCEAN Drive A	0 3303zip Code: 33019
Home phone: (305) 705 - 086 cell phone: (305) 965 - 580	97E-mail: EMK MGE12010@E
Number of years City resident: owner?: renter?:	District # you live in:
Occupation: HON SMOOL STUDENT	
Business name:	
Business address:	Zip Code:
Work phone: Fax:	<u> </u>
Education (highest degree/level): HS JUNOY Are you registered	to vote in Broward County? (y/n)_(\(
Identify the board/committee(s) to which you request appointment ((1) EdOCAHON AdVISORY BOARD	Please rank in order of preference):
(2)	
(3)	
(4)	A 2 ()
Are you interested in serving on more than one board/committee? (y/	n) <u>(VC)</u>
If so, how many?	
Please describe your professional and/or volunteer experience or b	ackground which best qualifies you for
selection to the board/committee (attach additional documentation if of the following for a board/committee which has specific required booklet), please detail how your background and/or experience meets	OS O (OUNSELOY IV) nents/categories (see board/committee
Applicant must attend at least one board/committee meeting prior to board applied. Please list board/committee meetings you attended in	
Are you currently on a County or City board? If yes, please describe:	NO
Please indicate if you are presently employed by the City of Hollywood	d? (y/n):
If so, in what capacity?	
Please return this application to: By Mail: Office of the City Clerk, 2600 Hollywood Blvd, Room 221, Ho Fax: 954-921-3233 or email: pcerny@hollywoodfl.org For more Infor	ollywood, Florida 33020, mation, call 954-921-3211.

This application will expire one year from when it was submitted.

(boardfm13 5/2015)