

Application Form

Profile

NOTE: Each Applicant is advised to attend at least one meeting prior to applying for appointment.

pasclafani@gmail.com

Email Address

Peter

First Name

A

Middle Initial

Sclafani

Last Name

1875 Highland Grove Dr.

Home Address

Suite or Apt

Delray Beach

City

FL

State

33445

Postal Code

Mobile: (561) 870-4933

Primary Phone

Alternate Phone

Retired

Employer

Retired

Occupation

Business Address

Business Phone

Board Selection

Which Boards would you like to apply for?

Police Officers' Retirement System Board of Trustees: Eligible

Qualifications

Please select all that apply: \*

- ☒ Delray Beach resident
- ☒ Own property in Delray Beach

Are you a registered FL voter?

☒ Yes ☐ No

Are you a vendor or employed by a vendor that does business with the city?

☐ Yes ☒ No

**Are you a lobbyist or employed by a lobbyist, as defined in the Palm Beach County Registration Ordinance?**

☐ Yes ☒ No

**Have you attended any Delray Beach Commission or Advisory Board Meetings?**

☒ Yes ☐ No

**If yes, please describe and provide dates if possible.**

Member Police Advisory Board for three terms

**Are you currently serving, or have you ever served on a Delray Beach Advisory Board? If yes, please provide details and dates.**

yes three terms Police Advisory Board approximately four to six years ago

**Are you aware of any potential conflict of interest (including, without limitation, any potential voting conflicts or potential prohibited conflicts) that may arise from your serving on the City board or committee to which you are seeking appointment?**

☐ Yes ☒ No

**If yes, please explain:**

**Do you, any member of your immediate family, your employer or your business (or any entity in which you have a controlling interest) currently have any contractual relationship with, or do business with, the City, or has there been any such relationship within the past 5 years?**

☐ Yes ☒ No

**If yes, please explain:**

**Do you (or any entity in which you have a controlling interest) have any delinquent accounts with the City or owe any monies to the City?**

☐ Yes ☒ No

**If yes, please explain:**

**Do you (or any entity in which you have a controlling interest) have any pending code enforcement cases or unpaid, certified code enforcement fines relating to property in the city that is owned or rented by you (or any entity in which you have a controlling interest)?**

☐ Yes ☒ No

**If yes, please explain:**

**Do you (or any entity in which you have a controlling interest) have any pending code enforcement cases or unpaid, certified code enforcement fines for any other violations relating to other city codes?**

☐ Yes ☒ No

**If yes, please explain:**

**Have you ever been found to have violated, or had a complaint filed against you alleging a violation of, the Florida Code of Ethics for public officers and employees, Palm Beach County Code of Ethics (or any other ethics code)?**

☐ Yes ☒ No

**If yes, please explain:**

**If you lease property in the downtown area, do you pay taxes on the property as part of your lease agreement?**

☐ Yes ☒ No

Please upload a copy of your lease

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## **Interests & Experiences**

**List any certifications or licenses which may further qualify you to serve on a board or committee.**

HOA BOARD MEMBER CERTIFICATION

**Briefly describe why you wish to serve as a member of a board or committee and how your personal experience and background relate:**

**List any other community/civic involvement which you would like the Commission to consider:**

Volunteer Habit for Humanity approximately three years

**University attended:**

New York Institute of Technology

**Degree(s) received:**

BS

**Major area of study:**

Accounting



Upload a Resume

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**Terms of Acceptance**

Applications are kept on file in the City Clerk's Office for a period of two years.

Applicants may supplement their application with a resume or other information relevant to their qualifications.

**Declaration of Personal Information Exemption:**

Personal information provided in this application is public information unless the applicant qualifies for an exemption pursuant to Florida Statutes. You are encouraged to thoroughly read the applicable sub-sections of F.S. 119.0 71 ([Click here to view](#)). If you qualify for an exemption, please indicate below which statutory provision you are citing for the exemption. If you qualify, your address and phone number are protected information. You may contact the Board Liaison at 243-7056 if you have any questions.

**My address and telephone number are statutorily exempt from public disclosure:**

☐ Yes ☒ No

**If yes, pursuant to which sub-section of F.S. 119.071?****Please Agree with the Following Statement:**

**I understand the duties and responsibilities of the board(s) or committee(s) for which I am applying. By signing below, I warrant the truthfulness and accuracy of the information provided in this application.**

☒ I Agree

**E-Signature of Applicant:**

Peter A Sclafani

**Please Agree with the Following Statement**

**I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.**

☒ I Agree

Peter A Sclafani