

Application Form

Profile

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

dorow@callan.com

Email Address

Joan

First Name

Middle Initial

Dorrow

Last Name

236 SE Fifth Avenue

Home Address

Unit 412

Suite or Apt

Delray Beach

City

FL

State

33483

Postal Code

(203) 219-0130

Primary Phone

Alternate Phone

Callan LLC

Employer

Institutional Investment Consultant

Occupation

Business Address

Business Phone

Board Selection

Based on the boards selected, please select your top four boards in order of preference (first choice to fourth choice) from the drop down lists below:

Which Boards would you like to apply for?

Firefighters Retirement System Board of Trustees: Eligible

First Choice

None Selected

Second Choice

None Selected

Third Choice

None Selected

Fourth Choice

None Selected

Qualifications

Please select all that apply: *

None Selected

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.

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

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

Interests & Experiences

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

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:

University attended:

Degree(s) received:

Major area of study:

Upload a Resume

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:

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