

Advisory Board Appointment Application

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

Contact Information:

* Name
Sara Nina. Jones

* Home Address
222 NE 9th st
Delray beach FL 33444

* Cell Phone
(561) 351-6657

* Email
saranina.jones@gmail.com

* Occupation
Licensed Clinical Social Worker

Business Name
Volunteers of America of Florida

Business Address
467 1st Ave N, St.
St Petersburg FL 33701

Business Phone
(305) 970-6173

Office of the City Clerk

Received
4/24/2024

Expires
4/24/2026

Advisory Board Selection:

Please select your top four boards in order of preference (first choice to fourth choice) from the drop down lists below:

First Choice
Affordable Housing Advisory Committee

Second Choice
Delray Beach Housing Authority

Third Choice
Downtown Development Authority

Fourth Choice
Education Board

NOTE: Your responses or disclosures are intended to assist the City Council in considering an application for appointment/re-appointment to a City board or committee, and will not result in the automatic disqualification from consideration or appointment/re-appointment. Therefore, complete and accurate responses should be provided.

Qualifications:

* Please select all qualifications that apply:
Advocate for low-income persons in connection w/ affordable housing
Delray Beach resident
Own property in Delray Beach
Parent of child attending a Delray Beach public school
Represent a non-profit provider of affordable housing

* Are you a registered FL voter?

Yes

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

No

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

No

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

No

If yes, please explain and provide dates when possible.

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

Not applicable

* 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?

No

If yes, please explain:

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* 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?

No

If yes, please explain:

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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?

No

If yes, please explain:

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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)?

No

If yes, please explain:

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* 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?

No

If yes, please explain:

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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)?

No

If yes, please explain:

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If you selected the Downtown Development Authority, do you own land in the downtown area?

No

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

No

Please upload a copy of your lease

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Interest & Experiences

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

Licensed Clinical Social Worker

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

I am actively involved with the vulnerable population. I provide clinical services to the homeless, elderly population as they obtain permanent housing. The resources for this population is scarce. I advocate for those whose voice is not heard.

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

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Educational Background:

University attended:

Florida Atlantic University

Degrees received:

Social Work

Major area of study:

Social work

Upload your resume:

Resume.pdf

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

(http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&URL=0100-0199/0119/Sections/0119.071.html).

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 Liason at 243-7056 if you have any questions.

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

No

If yes, pursuant to which sub-section of F.S. 119.071?

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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:

Sara Jones

* **Date:**

04/24/2024

* 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