



CITY OF RIVIERA BEACH
APPLICATION FOR ADVISORY BOARD APPOINTMENTS

Your Service to our City is Earnestly solicited

Service on a Board or Committee provides citizens with an opportunity to help shape policy and direction for the City of Riviera Beach. Residents and Business owners and operators are cordially invited to apply for appointment by the City Council to a City Board.

(Per Section 112.317 Florida Statutes, Members of Some Boards are required to file a Financial Disclosure Report.)

Please type or print information.

Name: Marvelous Washington E-Mail Address: marvelouswashington@gmail.com
Residential Address: 2561 Lochmore rd City: Riviera Beach Zip Code: 33407
Telephone Number: 5618440516 Business Number: Mobile Number: 5617142474

EDUCATION:

Name of High School: Palm Beach Lakes Location: 3505 Shiloh Drive
College (if applicable): UCF Location: Orlando Florida
Years Completed: 4 Degree: B.S Legal Studies Field of Study:
Other professional or technical training (Name of school, course name, etc.): Nova Southeastern M.S

EMPLOYMENT:

Current or Last employer: City of West Palm Beach Address: 1501 N Australian Ave
Position: Campus Manager Years of Service: 14
Duties: Supervisory duties

OTHER QUALIFICATIONS: Briefly describe below any specific expertise and /or abilities that would pertain to your service on a city board:

Experience in Project Management, Government operations, Supervisory experience

MEMBERSHIP:

City of Riviera Beach: Years in Membership Office Held, If any):
Outside of City: Delta Sigma Theta Sorority Years in Membership Office Held, If any): 20

DIVERSITY FACTORS (Voluntary): Please list any characteristics about yourself or relevant experience concerning diversity and inclusion that may enhance the city's efforts to appoint people of diverse backgrounds to its advisory boards.

Completed multiple inclusion and respectful communication trainings.

RECOMMENDED BY: If an organization or municipality, please include name of the entity, contact person and phone number; if an individual(s) provide name and telephone number(s).

Organization Name: Contact Person: Telephone Number:
Organization Name: Contact Person: Telephone Number:

REFERENCES:

Name: Amy Moore Address: 5669 Wild Daisy Way Telephone Number: 5613738202
Name: Schnelle Tongue Address: 170 Heritage way Telephone Number: 4074430755

ACKNOWLEDGEMENT (Check Below):

- I understand that in accordance with Florida Sunshine Law, this information will be available for public review and I waive any objection to such publication.
I understand that appointment to any of the positions indicated above is a voluntary service.
If appointed, I agree to faithfully and fully perform the duties of my office, will make every endeavor to serve my full term, and will comply with all laws or ordinances of the City, County, and State of Florida, particularly those pertaining to the conduct of public office and the financial disclosure requirements, if applicable, to my position.
I understand, if appointed, an updated application must be submitted to seek appointment to another advisory board.
I understand that, if appointed, I must take the oath of office prescribed in the Florida Statutes.

Signature of Applicant

Date 11/19/2020