



## **Board Member Application Form**

The Community Redevelopment Agency of Hallandale Beach is a public entity subject to Chapter 119 of the Florida Statutes concerning public records. Please be advised that all submitted Board applications are a public record and therefore subject to the disclosure provisions of Chapter 119 of the Florida Statutes.

### **Please return signed and completed application form to:**

CRA Hallandale Beach  
400 South Federal Highway | Hallandale Beach, FL 33009 | Attn: CRA Secretary Office  
Email: [cityclerkoffice@cohb.org](mailto:cityclerkoffice@cohb.org)

### **APPLICANT'S INFORMATION**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
CONTACT NUMBER: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
STATE: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_

If applicable, how long have you lived in Hallandale Beach?

\_\_\_\_\_

### **VERIFICATION OF RESIDENCY:**

*(The following are required with application)*

Driver's License *(Required)*:  Voter's Registration Card *(Required)*:

Verification of good standing with the City of Hallandale Beach:   
*(No outstanding Liens, Taxes, Open Permits, Utility Balances, Code Cases, Pending Litigations).*

On the questionnaire below, please select any category which may apply to you. Identity of the applicant is confidential and compliance is strictly **voluntary**. Information will be used solely to comply with the reporting requirements of Section 760.80, Florida Statutes.

**PHYSICAL DISABILITY:**  Yes  
 No

**GENDER:**  Female  
 Male

**RACE:**  African-American  
 Asian-American  
 Caucasian

Hispanic-American  
 Native American  
 Other

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

The Quadrant Safety Board (QSB) meets quarterly to discuss issues and concerns in their respective quadrants. Police staff will attend each meeting.

The QSB will develop a public safety plan to enhance their respective neighborhoods. The Board acts in an advisory capacity and presents their respective public safety plan for approval to the HBCRA Board. The implementation of the QSB will allow residents in each of the HBCRA quadrants to have a voice in the development of safety measures in their community.

Members of the QSB shall be a resident and/or homeowner and/or business owner during the term of appointment within the geographical boundaries of their Quadrant. All appointees must provide proof of residency and/or home ownership and/or business ownership at the time of application.

The QSB shall have nine (9) members comprised of two (2) members from each of the four Quadrants and one (1) at-large member.

***Northeast Quadrant:***

The northeast quadrant is bordered to the west by NE 1 Avenue, to the north by Pembroke Road, to the east by NE 14 Avenue, and to the south by East Hallandale Beach Boulevard.

***Southeast Quadrant:***

The southeast quadrant is bordered to the west by SE 1 Avenue, to the north by East Hallandale Beach Boulevard, to the east by Federal Highway/US1, and to the South by County Line Road.

***Northwest Quadrant:***

The northwest quadrant is bordered to the west by the I-95 highway, to the north by Pembroke Road, to the east by Dixie Highway, and to the south by West Hallandale Beach Boulevard.

***Southwest Quadrant:***

The southwest quadrant is bordered to the west by the I-95 highway, to the north by West Hallandale Beach Boulevard, to the east by Dixie Highway, and to the south by County line Road.

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

**Please tell us about yourself (education, profession, personal accomplishments, honors received, hobbies), list your experience relevant to the Quadrant Safety Board you are applying for, and provide a brief statement outlining why you wish to serve on the QSB you have selected above.**

Lined area for writing the statement.

**Signature of Applicant:**

Signature box

**Date:**

Date box

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

- Meets Requirements.**
- Does Not Meet Requirements:**
  - Applicant serves on more than one board/committee or on two boards/committees.**
  - Does Not Meet Qualifications** (*please choose reason below*):
    - Experience/Background
    - Education
    - Residency
- Good Standing with City:**  Liens  Taxes  Utilities  Code  Litigation
- Not in Good Standing with City:**  Liens  Taxes  Utilities  Code  Litigation

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

- Appointed**
  - Appointed By: \_\_\_\_\_
  - Appointed Date: \_\_\_\_\_

**Not Appointed**

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_