Return Collier Metropolitan Planning Organization
Application to:
2885 South Horseshoe Drive
Naples, Florida 34104
Phone: (239) 252-5884
Email: AnneMcLaughlin@colliergov.net

Name: ________________________________
                                                                                   Last
Last Name: ________________________________ First Name: __________________________
Middle Name: ______________________________________

Address: __________________________________________
                                                                                   City: ________________
City: ____________________________ Zip Code: ________________________
Home Telephone: _____________________ Contact Time: _______________________
Email Address: __________________________
Referred By: ________________________ Date Available: _______________________
I am applying for: _____________________________________________________________

Please note: Year-round residents are eligible to apply. Your application will remain
active in the MPO’s Office for one (1) year. The application must be complete in order
to be considered. Read “Important Information” section on the second page of the
application, then sign and date the application. (Use additional pages as needed.)

PLEASE TYPE OR PRINT LEGIBLY

Date: ________________ Commission District #/City ____________________________
Tribal Affiliation: ____________________________
If you are a member of, or officially represent a nonprofit or public agency, identify here,
and provide link to website:
                                                                                   __________________________________________
                                                                                   __________________________________________

Please list any Advisory Committees or Boards on which you currently serve:

1. ____________________________________ 3. ____________________________________
2. ____________________________________ 4. ___________________________________

Have you previously served on an MPO advisory committee or board? Please specify
committee/board and dates served:
                                                                                   _______________________________________

Occupation & Employer (if retired, please indicate):
                                                                                   _______________________________________
                                                                                   _______________________________________

Please describe your background and experience which you feel provides a useful perspective for this Committee/Board.

__________________________________________________________________________________________________________________________________________________

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Please describe any public involvement or community service you’ve been involved in either locally or otherwise (in addition to Committees and Boards you currently serve on.)

__________________________________________________________________________________________________________________________________________________

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What other MPO advisory committee(s) would you be willing to serve on?

__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________

Several of the MPO advisory committees/boards have specific membership requirements. To assist the Collier MPO in its selection process, please check as many of the following categories that apply:

1. Year-round resident of:
   - Collier County (unincorporated area) ______
   - City of Naples ______
   - City of Marco Island ______
   - Everglades City ______

2. Member of one of the following organizations or groups:
   - AARP ______
   - Adventure Cycling ______
   - Bicycling/Walking Advocacy Group: ___________________________ ______
   - Professional Association: ________________________________ ______
   - Chamber of Commerce: ________________________________ ______
   - Visitors & Tourism Bureau ______
   - Community Redevelopment Agency ______
   - NAACP ______
   - Historical Preservation Society: ____________________________ ______
   - Homeowners’ Association: ________________________________ ______
3. Representative of one of the following:

- Persons with Disabilities
- Major Employer in the MPO Region
- Small Business Owner
- State, City or County Department of Children & Families
- State, City or County Department of Health
- State, City, or County Department of Education
- Educational Institution
- Elderly Health Care Provider
- Other Health Care Provider
- Transit Rider(s)
- Developmental Disability Service Provider
- Elderly – Advocate/Instructor - Mobility and Access to Services
- Veterans – Advocate/Instructor – Mobility & Access to Services
- Family Service Provider
- Police, Sheriff Department
- Community Transportation Safety Team Member
- Minorities & Disadvantaged Populations, Advocate/Service Provider
- Tribal Member, Officially Designated Representative
- Tribal Member, Acting in Individual Capacity
- Other, please specify

4. Professional/Career Credentials:

- Bicycle/Pedestrian Safety Instructor
- American Institute of Certified Planners (AICP)
- Registered Architect or Landscape Architect
- Licensed Attorney
- Licensed Engineer
- Licensed General Contractor
- Licensed First Responder or Health Care Professional
- Licensed Realtor
- Other, please specify

5. Knowledge, training, background, interest or experience in:
Natural Sciences, Environmental Conservation ______
Mobility & Access for the workforce ______
Public Finance, Grants, NGOs ______
Sustainable Development, Sustainable Transportation ______
Planning, Engineering, Architecture, Landscape Architecture ______
Economic Development ______
Land Development/Redevelopment ______
Archaeological, Cultural & Historic Resources ______
Mobility/Active Living (related to community health) ______
Tourism Industry ______
Parent, Advocate for Working Families ______
Other, please specify ____________________________ ______

The Collier MPO strives to ensure equal access and representation for minorities, women and those with disabilities to serve on advisory boards/committees.

Questions 6 through 8 are OPTIONAL

6. Gender:
   • Female ______
   • Male ______

7. Race/Ethnicity:
   • White ______
   • Hispanic or Latino ______
   • Black or African American ______
   • Asian or Pacific Islander ______
   • American Indian or Alaskan Native ______
   • Other: _______________ ______

8. Handicapped/Disabled:
   • Yes ______
   • No ______

IMPORTANT INFORMATION:
• Be advised that membership on certain advisory committees/boards may involve financial disclosure or the submission of other information.

• Florida State Statute 119.07 designates that this application as a public document be made available for anyone requesting to view it.

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Your application is not complete until you answer the following question, sign and date the form.

Are you related to any member of the Collier MPO?

________ YES ________ NO

Applicant’s Signature: ________________________________

Date Signed: ________________________________