2021 COLLIER COUNTY MPO  
(METROPOLITAN PLANNING ORGANIZATION)  
ADVISORY COMMITTEE/BOARD APPLICATION

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

Name: _________________________________________________________________  
Last    First    Middle
Address: _______________________________________________________________  
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.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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:
• Environmental Group: _________________________________  
• Home Builders Association  
• Collier County Public Schools  
• Other NGO, Community Association  
• Agricultural Industry  
• Trucking Industry  
• Other, please specify _________________________________  

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.

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: _________________________________