



**Community Action and Human Services Department  
Citizen Participation Unit**

**Community Advisory Committee Member Enrollment Form**

**Name of Target Area:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Tel. (H)** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Sex :**            M    ☐    F    ☐

**Ethnicity:**

**Education Level:**

**Employment Status:**

**Volunteer Experience:**

**Why are you interested in serving on a Community Action and Human Services Department- Community Advisory Committee?**



## ELIGIBILITY QUALIFICATION AFFIDAVIT

**Declaration of Interest in Community Advisory Committee membership for the**  
\_\_\_\_\_ **Target area.**

I, \_\_\_\_\_  
PLEASE PRINT NAME

I am eligible based on one or more of the following qualification(s):

\_\_\_\_\_ I live in the Target Area \_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_ I own property in the target \_\_\_\_\_  
area PROPERTY ADDRESS

\_\_\_\_\_ I own a business in the target \_\_\_\_\_  
area BUSINESS ADDRESS

\_\_\_\_\_ I am employed in the \_\_\_\_\_  
Target Area EMPLOYMENT ADDRESS

\_\_\_\_\_ I am a Head Start Parent/Guardian  
\_\_\_\_\_ I am a participant in a CAA sponsored Elderly Program  
\_\_\_\_\_ I am between the ages of 18 – 25  
\_\_\_\_\_ My income falls within the Health and Human Services Poverty Guidelines  
\_\_\_\_\_ Other considerations: Specify in an attached document  
\_\_\_\_\_ None of the above

**By signing this affidavit, I hereby attest that, to the best of my knowledge, all of the information contained herein is correct. If any of the information provided is determined to be false, I understand and acknowledge that I will be subject to immediate removal from the Community Advisory Committee and waive all rights to appeal or otherwise challenge such removal.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
APPLICANT'S PHONE NUMBER

\_\_\_\_\_  
STAFF NAME

\_\_\_\_\_  
STAFF SIGNATURE



**COMMUNITY ACTION AND HUMAN SERVICES DEPARTMENT  
COUNTY-WIDE COMMUNITY ADVISORY  
COMMITTEE VOTER REGISTRATION FORM**

Target Area Name: \_\_\_\_\_

FIRST	MIDDLE	LAST NAME
RESIDENT ADDRESS	APT.	ZIP CODE
WORK ADDRESS		ZIP CODE
PROPERTY ADDRESS		ZIP CODE
BUSINESS ADDRESS		ZIP CODE
REGISTRATION DATE		DATE OF BIRTH

**QUALIFICATION OF VOTER**

LIVE IN AREA

☐

OWN A BUSINESS IN AREA

☐

OWN PROPERTY IN AREA

☐

EMPLOYED IN AREA

☐

**I hereby swear or affirm that all of the information provided herein is true and understand that it may be shared with the candidates and considered a public document pursuant to chapter 119, Florida Statutes.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
APPLICANT'S PHONE NUMBER

\_\_\_\_\_  
STAFF NAME

\_\_\_\_\_  
STAFF SIGNATURE



Community Action and Human Services Department  
Community Advisory Committee  
Member Code of Ethics and Conduct Agreement

As a member of this Committee, I will:

- Represent the interest of all people served by this organization
- Not use the organization or my service on this committee for my own personal advantage or for the individual advantage of my friends and supporters.
- Keep confidential information confidential.
- Approach all committee advisory committee issues with an open mind, prepare to make the best decisions, for the whole organization.
- Do nothing to violate the trust of those who elected me to the Community Advisory Committee and those we serve. Focus my efforts on the mission of the organization and not on my own personal goals/agenda.
- Never exercise authority as a Community Advisory Committee member except when acting in a meeting with the full committee or as I am delegated by the Committee with a quorum.
- Never speak disrespectfully of any member as a Community Advisory Committee or any staff member employed to engage citizens in the community participation process.
- Refrain from using offensive words or inappropriate language in or against a Community Advisory Committee, any member, staff person or citizen.
- Not engage in private conversation while a Community Advisory Committee meeting is being conducted in such a manner as to interrupt the proceedings of the committee.
- Shall not make defamatory, personal or profane remarks directed toward others.
- Never willfully utter loud, threatening, intimidating or abusive language which disturbs or disrupts the orderly conduct of any meeting and hinders others from conducting the business affairs of the committee.
- Shall at the request of the Chairperson, be silent, if after receiving a warning from the Chairperson to do so. An individual who persist in disturbing or disrupting the meeting may be asked to leave the meeting.
- I understand if I do not adhere to the Code of Ethics and Conduct and Conflict of Interest agreements, that my membership could be terminated or considered for termination.

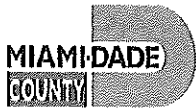
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Community Advisory Committee Member Name (Print)

Date

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Community Advisory Committee Member Signature



## Community Action and Human Services Department Community Advisory Committee

### CONFLICT OF INTEREST

I \_\_\_\_\_, as a member of the Miami-Dade Community Action and Human Services Department – Community Advisory Committee (CAHSD CAC) do not and shall not have a conflict of interest with the Miami-Dade Community Action and Human Services Department ("CAHSD"), including any delegate agency. Additionally, I do not and shall not receive compensation for serving on the Board or for providing services to the Community Action and Human Services Department.

I understand that a potential conflict of interest occurs when there is a co-mingling of private interests and my professional obligations to CAHSD such that an independent observer might reasonably question whether the professional actions or decisions are determined by personal financial gain.

I understand that it is the policy of the Miami-Dade Community Action and Human Services Department that Community Advisory Committee Members shall not use their committee member status to secure personal financial benefits for themselves or any member of their immediate family. The conflict of interest arises whenever a committee member has the opportunity to influence operations or business decisions in ways that could result in a personal financial benefit to the CAC member or member's immediate family.

It is the policy of Community Action and Human Services Department's Community Action Board that its Board members and its Community Advisory Committee members conduct themselves in accordance with the highest legal, ethical and moral standards.

I fully agree that I will not use the Community Action Boards name for myself or my immediate family's personal, business or economic gain.

I understand that as a Community Advisory Committee member I shall disclose to the organization any situation in which there exists a real or potential conflict of interest. The Director of the Community Action and Human Services Department, in consultation with the Community Action Board and the Miami-Dade County Commission on Ethics, shall determine an appropriate way to manage the conflict of interest and ensure that Committee business is not improperly facilitated.

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Community Advisory Committee Member (Print)

Date

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Community Advisory Committee Member Signature