MEMBERSHIP APPLICATION

Restoration Advisory Board
Naval Station Mayport

If you would like to be considered for membership on the Naval Station Mayport Restoration Advisory Board (RAB), please complete this application. When the application is completed, please fold the application in half, making sure the return address on Page 4 is visible. Then staple or tape the edges, and mail the application. A selection board will choose four to six community members representing diverse interests of the community. All completed forms must be returned by January 13, 1995 to:

Public Affairs Officer
Naval Station Mayport
PO Box 280032
Mayport FL 32228-0032
(904) 270-5226

Please take a moment to read the Conflict of Interest Clause on Page 3 of this application. If you have any questions about your eligibility for the RAB, please state your concern. You will be informed if the selection board decides that a conflict of interest exists or could exist. Information on the Privacy Act is also included in this application.

Name: _____

Street Address: _____

City, State, ZIP: _____

Phone: _____
Daytime Fax Evening

Please state briefly why you would like to be a member of the Naval Station Mayport Restoration Advisory Board.

_____

_____

_____

By submitting this signed application, I am aware of the time commitment that this appointment will require of me. I agree to work cooperatively as a volunteer with other selected RAB members to ensure the efficient and effective use of RAB resources in contributing to the environmental cleanup of Naval Station Mayport.

_____
Applicant's Signature Date

RESPONSIBILITIES

RAB volunteers must commit to attend all RAB meetings during the year, which will be held monthly or quarterly at a convenient location. Members missing two consecutive meetings may be asked to resign. RAB members will also review technical documents, provide advice and community concerns to the Navy, and communicate information back to the local community.

BIOGRAPHICAL INFORMATION

Please list any education, expertise, experience or special skills you have that would make a valuable contribution to the RAB.

_____

_____

_____

Please list other organizations to which you belong, and specify if you hold an office, chair a committee, etc.

_____

_____

_____

Completion of this Section is OPTIONAL.

Completion of this section is optional; however, it will help ensure that the board is truly representative of the population. To meet the cultural and geographic membership criteria, the selection panel needs certain demographic information about applicants. The information in this section will be used for that purpose only.

Please check the category you represent. (If applicable you may check more than one category.)

- ☐ Public Official
- ☐ Academia
- ☐ General Public
- ☐ Base Employee
- ☐ Religious Community
- ☐ Business
- ☐ Labor
- ☐ Local Environmental Group or Activist
- ☐ Civic or Public Interest Group
- ☐ Other _____

DEMOGRAPHIC INFORMATION

Completion of this Section is OPTIONAL.

Completion of this section is optional; however, it will help us ensure that the RAB is truly representative of the local community. To meet the cultural and demographic membership, the selection panel needs certain demographic information about applications. The information in this section will be used for that purpose only.

Sex: ☐ Male ☐ Female

Race: ☐ White

☐ African American

☐ Hispanic

☐ Asia or Pacific Islander

☐ Native American

☐ Other (please specify) _____

Age: _____

Occupation: _____

Employer: _____

_____

Conflict of Interest Clause

Individuals who have certain financial interests that may affect their impartiality in dealing with matters presented to the RAB for consideration may not be a member of the Board. Such a conflict of interest exists for any individual who may receive a direct or indirect personal financial gain or who may gain unfair business advantage resulting from the implementation of recommendations relating to the type of environmental cleanup, waste management methods, or research and development methods or technologies used to clean up Naval Station Mayport.

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Continued

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 71 JACKSONVILLE, FL

POSTAGE WILL BE PAID BY ADDRESSEE

Public Affairs Officer
Naval Station Mayport
PO Box 280032
Mayport, FL 32228-9987

Privacy Act Statement

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (Public Law 93-579) that requires Federal agencies to inform individuals who are requested to furnish personal information about themselves as to certain facts regarding the information below.

1. Authority.

The information in this form is being gathered in accordance with the provision of 10 U.S. Code 2705(c) that requires the Department of Defense to establish public community groups to increase public input on Navy environmental issues.

2. Principal Purposes.

This form will be reviewed by the selection committee and the Commanding Officer, Naval Station Mayport, to select the members of the Restoration Advisory Board.