

**COMMITTEE VOLUNTEER  
AUDIT COMMITTEE APPLICATION  
PLEASE TYPE OR PRINT**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address, if different from home address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

How best to contact you during the day? \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Are you a registered voter of the City of Panama City Beach?      Yes \_\_\_      No \_\_\_  
Do you hold a public office?      Yes \_\_\_      No \_\_\_  
If yes, which one(s)? \_\_\_\_\_  
Do you serve on any City Board, Commission or Committee?      Yes \_\_\_      No \_\_\_  
If yes, which one(s)? \_\_\_\_\_

**The Audit Committee meets on an as-needed basis.**

**Qualifications to serve on the Audit Committee:**

**Per Section 218.391 of the Florida Statutes, board members shall possess a basic understanding of governmental financial reporting and auditing, and accounting or related financial management expertise evidenced by one or more of the following: a) an understanding of generally accepted accounting principles and financial statements, b) experience in preparing or auditing financial statements of comparable entities, or c) experience with internal accounting controls. City employees may not be appointed to serve on the audit committee.**

I have read and understood Section 112.313, Florida Statutes, setting forth the standards of conduct for public officials and hereby affirm my eligibility to serve on the Audit Committee in a voluntary capacity.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Please return a completed copy of this Application and a copy of your resume or bio to the City Clerk at [lynne.fasone@pcbfl.gov](mailto:lynne.fasone@pcbfl.gov)**