



CITY OF MIAMI, FLORIDA
OVERTOWN COMMUNITY OVERSIGHT BOARD
NOMINATION FORM FOR APPOINTED YOUTH MEMBERS

To be completed by the **RECOMMENDER** and to be submitted by **4:00 P.M. on FRIDAY, AUGUST 17, 2018** to the office of the **OVERTOWN NEIGHBORHOOD ENHANCEMENT TEAM (N.E.T.)**, at **1490 N.W. 3RD AVENUE, Suite 112-B**; the office of the **DISTRICT 5 COMMISSIONER** at **3500 PAN AMERICAN DRIVE** or the **OFFICE OF THE CITY CLERK** at **3500 PAN AMERICAN DRIVE**. Note: A person may recommend himself/herself.

A. I nominate _____ for appointment as youth member of the Overtown Community Oversight Board. He/she meets the eligibility requirements because he/she is more than **14** years of age and less than **19** years of age and also meets **both** of the following qualifications:

- 1. **Resides** in the Overtown Area at the address _____; and
- 2. **Attends an accredited educational institution** _____ in the Overtown Area located at the address _____
- 3. Nominee's Info: Phone number _____ Cell phone _____
 Fax Number _____ E-mail _____

B. Please provide a short statement of qualifications of the person you are recommending for appointment:

C. Please provide **your** contact information for the purpose of clarifying the above and sign below

Phone number _____ Cell phone _____
 Fax number _____ E-mail _____

D. Please sign here:

Signature _____ Printed Name _____ Date Signed _____

FOR OFFICIAL USE ONLY:

RECOMMENDED PERSON'S ADDRESS INSIDE BOUNDARIES?	Y	N	N/A
RECOMMEND PERSON MEETS AGE REQUIREMENTS	Y	N	N/A
RECOMMENDED PERSON'S PROOF OF QUALIFICATION SUBMITTED:	_____		
ACCREDITED INSTITUTION INSIDE BOUNDARIES	Y	N	N/A