



CITY OF COCOA APPLICATION FOR BOARD/COMMITTEE MEMBERSHIP

City Code requires prospective and existing board members to fill out an application, consent to a standard criminal background check¹, be duly registered to vote in Brevard County, and be a resident or an owner of real property in the City of Cocoa. City Code also prohibits a person from serving on a City Board or Committee if that person has been convicted of a felony, unless their civil rights have been restored.

(Please Print)

Name: Demetrius Waters Application Date: 10-1-2019

Street Address, Including Zip Code: 911 School St. Cocoa, FL

District that you live in (*this information can be found on your Voter's Registration Card*):

District 1 ☒ District 2 ☐ District 3 ☐ District 4 ☐

Telephones: Home: 321-458-1933 Work: Pager: Cell: 321-458-1933

Place of Business: None

Title/Position Held: Community Advocate / Lobbyist For Father's Rights
under district 1

Date of Birth² 12-16-1962

Email Address: demetriuswaterswaters@gmail.com

VARIOUS CITY BOARDS/COMMITTEES AVAILABLE

(Please Check All Those That Interest You)

<input type="checkbox"/> Affordable Housing Advisory Committee	<input type="checkbox"/> Planning & Zoning Board
<input type="checkbox"/> Board of Adjustment	<input type="checkbox"/> Police Community Relations Advisory Committee
<input type="checkbox"/> Brownfields Advisory Board	<input type="checkbox"/> Redevelopment Agency (Cocoa)
<input type="checkbox"/> Code Enforcement/Drug Related Public Nuisance Board	<input checked="" type="checkbox"/> Redevelopment Agency (Diamond Square)
<input type="checkbox"/> Housing Authority	<input type="checkbox"/> Redevelopment Agency (US 1)
<input type="checkbox"/> Pension Board - Fire	<input type="checkbox"/> Sustainability Advisory Committee
<input type="checkbox"/> Pension Board - General Employees	<input type="checkbox"/> Utilities Advisory Board
<input type="checkbox"/> Pension Board - Police	

ELIGIBILITY

Have you been a City of Cocoa resident for at least 6 months?

Yes ☒

No ☐

Do you own property or a business in Cocoa?

Yes ☐

No ☒

Are you registered to vote in Brevard County, Florida?

Yes ☒

No ☐

¹ An Addendum to the Application is attached and the information being requested is necessary in order to conduct a background check. Information will be used for those purposes only.

Have you ever been convicted or found guilty, regardless of adjudication, of a **felony** in any jurisdiction? Any plea of no contest shall be considered a conviction for purposes of this question.

Yes ☐ No ☒

If yes, have your civil rights been restored?

N/A Yes ☐ No ☐

Do you consent to a standard criminal background check? Yes ☐ No ☐

(PLEASE SEE ATTACHED ADDENDUM)

MISCELLANEOUS INFORMATION

Do you currently serve on any other City of Cocoa board Yes ☐ No ☒

Are you related to a City of Cocoa Councilmember by blood, Adoption or marriage? Yes ☐ No ☒

Potential Conflict of Interest: Have you ever been engaged in the management of any business enterprise that has a financial interest with the City of Cocoa? Please provide details, such as the name of the enterprise, the nature of the business, and the positions you hold or have held. Yes ☐ No ☒

N/A

INTERESTS AND EXPERIENCE

(Additional Information May be Attached)

Briefly state your interest in serving on a City board or committee. Please include information relating to prior service on any governmental board or committee, and any specialized skills or training you feel will help you to qualify for membership on the desired City board or committee.

Me being a community advocate & lobbyist of fathers rights with certifications (paid for by me) of mental health & Father's rights & personal responsibility to children is self evident of my skills & experience. But my active care for the community by doing things such as ...

continued on attached paper

STATE REPORTING REQUIREMENTS

Section 760.80, Florida Statutes, requires that the City annually submit a report to the Secretary of State disclosing race, gender, and physical disabilities of board and committee members. Please check the appropriate boxes:

RACE

☒

☐
☐
☐
☐
☐

Black

~~African~~-American
Asian-American
Hispanic-American
Native American
Caucasian

GENDER

☒

☐

Male
Female

DISABILITY

☒

Physically Disabled

APPLICANT CERTIFICATION

By filling this application with the City of Cocoa, I do hereby acknowledge the following:

1. This application, when completed and filed with the Office of the City Clerk, is a public record under Chapter 119, Florida Statutes, and is open to public inspection.
2. I am responsible for keeping the information on this form current and provide any changes or updates to the Office of the City Clerk.
3. I consent to filing a Statement of Financial Interests (Form 1) required if required for the board in which I am appointed to.
4. If appointed to a board/committee, I acknowledge that this is my obligation and duty to comply with the following:

Code of Ethics for Public Offices (Florida Statutes, Chapter 112, Part III)
Florida Sunshine Law (Florida Statutes, Chapter 286)
<http://www.flsenate.gov/Statutes>

Signature: _____

Date: _____

Social Security No: _____

Drivers License No: _____

*Do not drive due to disability but License active &
can be retrieved from DMV*

Please Return this form to:

Office of the City Clerk, 65 Stone Street, Cocoa, FL 32922