

APPLICATION FOR APPOINTMENT – Martin County Animal Care and Control Oversight Board – Please print

Type of Member:

- ☒ At-Large – must be a Martin County resident licensed in Veterinary Medicine or are animal care professionals with shelter experience **Please submit a curriculum vitae or resume informing of your education and complete work experience in the field of veterinary medicine or shelter experience and current licensing authorizing you to practice in the State of Florida.**
- ☐ Representative from Entity Contracted for the Provision of Animal Care, Control, and Disposition Services
- ☐ Representative from the Sheriff's Office Animal Services Unit

ENTERED

FEB -1 2021

Check One: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☒ Dr.

Name: RICHARD E. SMITH DVM

INCUMBENT

Residence Address: 7176 SE SEABATE LN STUART 34997
Street - City - Zip Code

Mailing Address: _____
(if different) Street - City - Zip Code

Commission District in which you reside: B4 If left blank, Staff will complete.

Are you available year round to attend meetings? ☒ yes ☐ no If no, what months are you available?

Telephone numbers: daytime: 772-834-5765 alternate: _____ alternate: _____
Area Codes are considered 772 unless you note otherwise.

EMAIL: RSMITHDVM@COMCAST.NET

Have you ever pled guilty or "no contest" to a crime, been convicted of a crime, had adjudication withheld, prosecution deferred, been placed on probation, received a suspended sentence or forfeited bail in connection with any offense (except minor traffic violations)? Please show all convictions, including driving while intoxicated (DUI) convictions. ☐ yes ☒ no If yes, please provide the following information:

TYPE OF OFFENCES: _____

DATES: _____

PLACES (city/state): _____

SENTENCES OR FINES: _____

A conviction record does not necessarily disqualify you for consideration. Factors such as age at time of offense, nature of violation, and rehabilitation will be considered. The Martin County Board of County Commissioners retains the right to remove, at will, any appointee to a Board or Committee with or without cause.

→ CONTINUED →

Education/Experience: DVM FROM FLORIDA UNIVERSITY
1973

Employment Experience: 48 YEARS AS A PRACTICING VETERINARIAN
EXTENSIVE SHELTER EXPERIENCE

Community Experience and Affiliations: PAST PRES OF TREASURE
COAST VET. MED. ASSOC; PAST PRES HOBE SOUND
& HAMPTON COMMUNITY

Other County Boards/Committees/Task Forces on which you have served: _____

Do you or any member of your immediate family work for Martin County or hold a position that might conflict with your duties for this Board/Committee/Task Force? If yes, please explain: _____

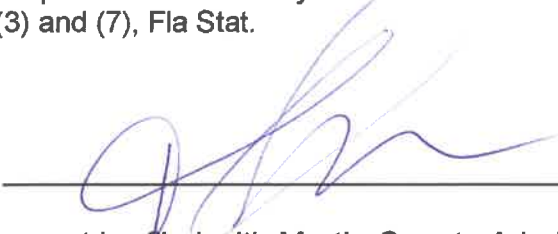
NO

REFERENCES: Please list two references:

COMMISSIONER HAROLD JENKINS DA REX SENTELL

- Applicants *may* be required by State Law and County Ordinance to file a Financial Disclosure Statement as part of the appointment process.
- Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true. (Pursuant to Section 92.525 Florida Statutes, falsifying this application is a Third Degree Felony punishable by up to five years imprisonment and up to a \$5,000 fine.)
- Florida law prohibits an advisory board member from doing business with its agency (the County). Section 112.313(3) and (7), Fla Stat.

→ **Signature:**



Date:

1/27/21

Applications must be filed with Martin County Administration, 2401 SE Monterey Road, Stuart, Florida 34996 **by Friday, February 12**, 2021. All information submitted becomes public record. If you have any questions, please call (772) 221-1352 or send email to dgordon@martin.fl.us.