

Meeting Date: May 12, 2015

Agenda Item

23

REQUESTED COMMISSION ACTION:

Consent

Ordinance

X Resolution

Consideration/  
Discussion

Presentation

SHORT TITLE APPOINTMENT TO THE EMERGENCY MEDICAL SERVICES ADVISORY BOARD

Summary of Purpose and Why:

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF POMPANO BEACH, FLORIDA, APPOINTING \_\_\_\_\_ TO THE EMERGENCY MEDICAL SERVICES ADVISORY BOARD OF THE CITY OF POMPANO BEACH FOR A TERM OF THREE (3) YEARS; SAID TERM TO EXPIRE ON MAY 26, 2018; PROVIDING AN EFFECTIVE DATE.

- APPLICANTS: Daniel Horak - Incumbent, District 3; Joseph Wells - Incumbent, District 4 (no longer available to serve); Harry Diamond - District 1/Alternate #1; Michelle Rhouhac - District 2/Alternate #2; Predrag P. Jovanov - District 3; Emma Ellington - District 4; Woodrow J. Poitier - District 4

This is a Commission's appointment. Additionally, Joseph Wells, Incumbent/District 4, does not desire to be reappointed. As well as both alternates are interested to serve as regular members.



Accomplishing this item supports achieving Initiative 5.2.1. "Ensure boards/committees are at 90% capacity with qualified members", as identified in the Strategic Plan.

The EMS Advisory Board membership is as follows: Frank Desiderio (District 5); Michelle Rhouhac (District 2/Alter.#2); Latoya T. Almonord (District 4); Joseph Wells (District 4); Michael Miller (District 1); Joseph L. Fitzpatrick (District 1); Harry Diamond (District 1/Alter.#1); Dr. Matthew H. Cheshire (District 3); Daniel Horak (District 3).

- (1) Origin of request for this action: City Clerk's Office
(2) Primary staff contact: Asceleta Hammond Ext. 4611
(3) Expiration of contract, if applicable:
(4) Fiscal impact and source of funding:

DEPARTMENTAL COORDINATION City Clerk's Office

DATE 4/30/15

DEPARTMENTAL RECOMMENDATION Approve

DEPARTMENTAL HEAD SIGNATURE

X City Manager

ACTION TAKEN BY COMMISSION:

Table with 4 columns: Ordinance 1st Reading, Resolution 1st Reading, Consideration Results, Workshop Results. Rows for 1st and 2nd readings.

RESOLUTION NO. 2015-\_\_\_\_\_

**CITY OF POMPANO BEACH**  
**Broward County, Florida**

**A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF POMPANO BEACH, FLORIDA, APPOINTING \_\_\_\_\_ TO THE EMERGENCY MEDICAL SERVICES ADVISORY BOARD OF THE CITY OF POMPANO BEACH FOR A TERM OF THREE (3) YEARS; SAID TERM TO EXPIRE ON MAY 26, 2018; PROVIDING AN EFFECTIVE DATE.**

WHEREAS, \_\_\_\_\_ is well qualified to serve as a member of the Emergency Medical Services Advisory Board of the City of Pompano Beach and the City Commission desires to appoint a member thereto; now, therefore,

**BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF POMPANO BEACH, FLORIDA:**

**SECTION 1:** That \_\_\_\_\_ is hereby appointed to the Emergency Medical Services Advisory Board for the term of three (3) years; said term to expire on May 26, 2018.

**SECTION 2:** This Resolution shall become effective upon passage.

**PASSED AND ADOPTED** this \_\_\_\_ day of \_\_\_\_\_, 2015.

\_\_\_\_\_  
**LAMAR FISHER, MAYOR**

**ATTEST:**

\_\_\_\_\_  
**ASCELETA HAMMOND, CITY CLERK**



**Pompano Beach Fire Rescue  
Memorandum No. 2015- 1**

**TO:** Asceleta Hammond, City Clerk  
**FROM:** **Robin Burns** *RD*  
**SUBJECT:** Attendance for EMS Advisory Board  
**DATE:** **April 29, 2015**

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<u>Name</u>	<u>No. of Meetings Present</u>	<u>Meetings Held</u>	<u>Excused</u>
Daniel Horak	8	17	9



**Pompano Beach Fire Rescue  
Memorandum No. 2015- 1**

**TO:** Asceleta Hammond, City Clerk  
**FROM:** **Robin Burns** *RB*  
**SUBJECT:** Attendance for EMS Advisory Board  
**DATE:** **April 29, 2015**

---

<u>Name</u>	<u>No. of Meetings Present</u>	<u>Meetings Held</u>	<u>Excused</u>
Joseph Wells	0	17	0



**Pompano Beach Fire Rescue  
Memorandum No. 2015- 1**

**TO:** Asceleta Hammond, City Clerk  
**FROM:** **Robin Burns**  
**SUBJECT:** Attendance for EMS Advisory Board  
**DATE:** **May 1, 2015**

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<u>Name</u>	<u>No. of Meetings Present</u>	<u>Meetings Held</u>	<u>Excused</u>
Harry Diamond	6	10	4



**Pompano Beach Fire Rescue  
Memorandum No. 2015- 1**

**TO:** Asceleta Hammond, City Clerk  
**FROM:** **Robin Burns**  
**SUBJECT:** Attendance for EMS Advisory Board  
**DATE:** **May 1, 2015**

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<u>Name</u>	<u>No. of Meetings Present</u>	<u>Meetings Held</u>	<u>Excused</u>
Michelle Rhoulac	8	15	7



**CITY OF POMPANO BEACH  
ADVISORY BOARD / COMMITTEE  
APPLICATION**

City Clerk's Office Phone: 954-786-4611 Fax: 954-786-4095  
Post Office Drawer 1300, Pompano Beach, FL 33061  
www.mypompanobeach.org

Mr.  Mrs. \_\_\_ Ms. \_\_\_ Miss \_\_\_ Name: DANIEL HORAK  
(Optional)

**Residence Information:**

Home Address: 224 NE 16 AVE  
City/State/Zip: POMPANO BEACH, FL 33060  
Home Phone: 954 914 6204 Cell Phone: \_\_\_\_\_  
Email: d\_horak@bellsouth.net Fax: \_\_\_\_\_

**Business Information:**

Employer/Business Name: IBC AIRWAYS  
Current Position / Occupation: PILOT  
Business Address: 8401 NW 17 ST  
City/State/Zip: MIAMI, FL 33126  
Business Phone: 305 591 8080 Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a U.S. Citizen? Yes  No \_\_\_

Are you a resident of Pompano Beach? Yes  No \_\_\_ Reside in District: 1 \_\_\_ 2 \_\_\_ 3  4 \_\_\_ 5 \_\_\_

Do you own real property in Pompano Beach? Yes \_\_\_ No

Are you a registered voter? Yes  No \_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No

Current or prior service on governmental boards and/or committees: Air park / EMS

**Please make a check next to the Advisory Boards/Committees you would like to serve on:**

<input type="checkbox"/> Affordable Housing	<input type="checkbox"/> Cultural Arts	<input checked="" type="checkbox"/> Parks and Recreation
<input checked="" type="checkbox"/> Air Park	<input type="checkbox"/> Education	<input type="checkbox"/> *Planning & Zoning/Local Planning Agency
<input type="checkbox"/> Architectural Appearance	<input checked="" type="checkbox"/> Emergency Medical Services	<input type="checkbox"/> *Police & Firefighter's Retirement System
<input checked="" type="checkbox"/> Budget Review	<input type="checkbox"/> *Employee's Board of Appeals	<input type="checkbox"/> Pompano Beach Economic Development Council
<input type="checkbox"/> Charter Amendment	<input type="checkbox"/> Employee's Health Insurance	<input type="checkbox"/> Recycling & Solid Waste
<input type="checkbox"/> Community Appearance	<input type="checkbox"/> *General Employee's Retirement System	<input type="checkbox"/> Sand & Spurs Riding Stables
<input type="checkbox"/> *Community Development	<input checked="" type="checkbox"/> Golf	<input checked="" type="checkbox"/> Marine
<input checked="" type="checkbox"/> CRA East	<input type="checkbox"/> Historic Preservation	<input type="checkbox"/> *Unsafe Structures
<input type="checkbox"/> CRA West	<input type="checkbox"/> *Housing Authority of Pompano Beach	<input checked="" type="checkbox"/> *Zoning Board of Appeals

\*Financial Disclosure Form is required, if appointed to serve, upon appointment and upon resignation/retirement.

In addition a Resume may be attached

Education: 4-year college - BBA

Experience: 5,000 flight hours, involvement in local govt.

Past Positions: Airport ops Aide, EMS advisory board member

Hobbies: Boating, golf, flying, civics

**Making any false statements herein may be cause for revocation by the City Commission of any appointment to a Board/Committee.**

Signature: 

Date: 07-01-2010

Initials of Clerk or Deputy: MS

Date received or confirmed: 7/1/10

Please check one:  New Application  Currently Serving on Board  Updated Information

Note: Application is effective for one year from date of completion. If you have any questions on the above, please call the City Clerk's Office at: 954-786-4611, or send via fax to: 954-786-4095.



## CITY OF POMPANO BEACH ADVISORY BOARD / COMMITTEE APPLICATION

**City Clerk's Office Phone: 954-786-4611 Fax: 954-786-4095**  
**Post Office Drawer 1300, Pompano Beach, FL 33061**  
**www.mypompanobeach.org**

Mr.  Mrs.  Ms.  Miss  Name: HARRY DIAMOND  
 (Optional)

**Residence Information:**

Home Address: 3313 SE 3<sup>rd</sup> ST  
 City/State/Zip: POMPANO BEACH, FL 33062  
 Home Phone: 954-545-5141 Cell Phone: 802-688-3909  
 Email: APPLEBAR@HARRY@gmail.com Fax: \_\_\_\_\_

**Business Information:**

Employer/Business Name: VALOR VENTURES  
 Current Position / Occupation: PRESIDENT  
 Business Address: 3313 SE 3<sup>rd</sup> ST  
 City/State/Zip: POMPANO BEACH FL 33062  
 Business Phone: 954-545-5141 Fax: \_\_\_\_\_ Email: VALORVENTURES@GMAIL.COM

Are you a U.S. Citizen? Yes  No   
 Are you a resident of Pompano Beach? Yes  No  Reside in District: 1  2  3  4  5   
 Do you own real property in Pompano Beach? Yes  No   
 Are you a registered voter? Yes  No   
 Have you ever been convicted of a felony? Yes  No   
 Current or prior service on governmental boards and/or committees: \_\_\_\_\_

**Please make a check next to the Advisory Boards/Committees you would like to serve on:**

<input type="checkbox"/> Affordable Housing	<input type="checkbox"/> Cultural Arts	<input type="checkbox"/> Parks and Recreation
<input type="checkbox"/> Air Park	<input type="checkbox"/> Education	<input checked="" type="checkbox"/> *Planning & Zoning/Local Planning Agency
<input type="checkbox"/> Architectural Appearance	<input checked="" type="checkbox"/> Emergency Medical Services	<input checked="" type="checkbox"/> *Police & Firefighter's Retirement System
<input type="checkbox"/> Budget Review	<input type="checkbox"/> *Employee's Board of Appeals	<input type="checkbox"/> Pompano Beach Economic Development Council
<input type="checkbox"/> Charter Amendment	<input type="checkbox"/> Employee's Health Insurance	<input type="checkbox"/> Recycling & Solid Waste
<input type="checkbox"/> Community Appearance	<input type="checkbox"/> *General Employee's Retirement System	<input type="checkbox"/> Sand & Spurs Riding Stables
<input type="checkbox"/> *Community Development	<input type="checkbox"/> Golf	<input type="checkbox"/> Marine
<input type="checkbox"/> CRA East	<input type="checkbox"/> Historic Preservation	<input type="checkbox"/> *Unsafe Structures
<input type="checkbox"/> CRA West	<input type="checkbox"/> *Housing Authority of Pompano Beach	<input type="checkbox"/> *Zoning Board of Appeals

**\*Financial Disclosure Form is required, if appointed to serve, upon appointment and upon resignation/retirement.**

In addition a Resume may be attached

Education: BACHELOR OF TECHNOLOGY AT NEW YORK INSTITUTE OF TECHNOLOGY

FIRST AID, AED, CPR, CELLULAR CLEANSING & NUTRITIONAL HEALTH

Experience: CURRENT CERT STEERING COMMITTEE MEMBER AND ZONE CAPTAIN

FIRST AID, AED, CPR, EXECUTIVE TRAINER, NUTRITIONAL HEALTH COACH,

MASTER CELLULAR CLEANSING COACH

Past Positions: EXECUTIVE AT ENGINEERING & MANUFACTURING Co.

OWNER & OPERATOR OF A VERMONT FARM MARKET APPLE ORCHARD, BAKERY, AGRITOURISM

CENTER, GUEST BAKER FOR NBC NEWS,

Hobbies: SCUBA DIVING, TRAVEL, COOKING, BAKING, HIKING,

**Making any false statements herein may be cause for revocation by the City Commission of any appointment to a Board/Committee.**

Signature: *Nancy Diamond*

Date: 5/22/12

Initials of Clerk or Deputy: *NR*

Date received or confirmed: 5/22/12

Please check one:  New Application  Currently Serving on Board  Updated Information

Note: Application is effective for one year from date of completion. If you have any questions on the above, please call the City Clerk's Office at: 954-786-4611, or send via fax to: 954-786-4095.

# ADVISORY BOARD / COMMITTEE

**City**

**Clerk's Office**

Phone: 954-786-4611 Fax: 954-786-4095

Post Office Drawer 1300, Pompano Beach, FL 33061

www.mypompanobeach.org

Mr. \_\_\_ Mrs. \_\_\_ Ms. X Miss \_\_\_ Name **MICHELLE RHOULHAC**  
(Optional)

**Residence Information:**

Home Address: 3021 NE 1<sup>ST</sup> AVE

City/State/Zip: POMPANO BEACH, FLORIDA 33064 \_\_\_

Home Phone: 954-592-8492

Cell \_\_\_ Phone: \_\_\_

Email: NOTHINGBUTBIZ@YAHOO.COM

Fax: 954-941-1321

**Business Information:**

Employer/Business Name: BROWARD COUNTY SCHOOL BOARD

Current Position / Occupation SUBSTITUTE TEACHER

Business Address: 7720 W OAKLAND PARK BLVD

City/State/Zip: SUNRISE FLORIDA

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a U.S. Citizen? Yes X No \_\_\_

Are you a resident of Pompano Beach? Yes X No \_\_\_ Reside in District: 1 \_\_\_ 2 ✓ 3 \_\_\_ 4 \_\_\_  
5 \_\_\_

Do you own real property in Pompano Beach? Yes X No \_\_\_

Are you a registered voter? Yes X No \_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No X

Current or prior service on governmental boards and/or committees: COMMUNITY APPREARANCE

**Please make a check next to the Advisory Boards/Committees you would like to serve on:**

<input checked="" type="checkbox"/>	Affordable Housing		Cultural Arts	<input checked="" type="checkbox"/>	Parks and Recreation
	Air Park	<input checked="" type="checkbox"/>	Education	<input checked="" type="checkbox"/>	*Planning & Zoning/Local Planning Agency
	Architectural Appearance	<input checked="" type="checkbox"/>	Emergency Medical Services	<input checked="" type="checkbox"/>	*Police & Firefighter's Retirement System
	Budget Review	<input checked="" type="checkbox"/>	*Employee's Board of Appeals	<input checked="" type="checkbox"/>	Pompano Beach Economic Development Council

	Charter Amendment	Employee's Health Insurance	Recycling & Solid Waste
X	Community Appearance	*General Employee's Retirement System	Sand & Spurs Riding Stables
X	*Community Development	Golf	Marine
	CRA East	Historic Preservation	*Unsafe Structures
	CRA West	*Housing Authority of Pompano	*Zoning Board of Appeals

In addition a Resume may be attached

Education: Florida A & M University and Broward College.

Experience: Tax Advisor, Paralegal Certificate, Substitute Teacher and Cosmetologist

Past Positions: Community Appearance Board

Hobbies: Reading, traveling and sporting events

**Making any false statements herein may be cause for revocation by the City Commission of any appointment to a Board/Committee.**

Signature: Michelle Rhoulhae

Date: 11/24/10

Initials of Clerk or Deputy: MS  
11/29/10

Date received or confirmed:

Please check one:  New Application  Currently Serving on Board  Updated Information

Note: Application is effective for one year from date of completion. If you have any questions on the above, please call the City Clerk's Office at: 954-786-4611, or send via fax to: 954-786-4095.



**CITY OF POMPANO BEACH  
ADVISORY BOARD / COMMITTEE  
APPLICATION**

City Clerk's Office Phone: 954-786-4611 Fax: 954-786-4095  
Post Office Drawer 1300, Pompano Beach, FL 33061  
www.mypompanobeach.org

Mr. X Mrs. \_\_\_ Ms. \_\_\_ Miss \_\_\_ Name: PREDRAG PATRICK JOVANOV  
(Optional)

**Residence Information:**

Home Address: 411 N.E. 18<sup>TH</sup> AVENUE  
City/State/Zip: POMPANO BEACH FL 33060  
Home Phone: 954.785.6100 Cell Phone: 954.240.8334  
Email: FLPATRICK@YAHOO.COM Fax: \_\_\_\_\_

**Business Information:**

Employer/Business Name: FLORIDA ATLANTIC UNIV. OFFICE OF EXECUTIVE Prog.  
Current Position / Occupation: STUDENT - PROJECT MANAGEMENT  
Business Address: 777 GLADES ROAD, BLDG. 93, SUITE 201  
City/State/Zip: BOLT RATON FL 33431  
Business Phone: 954.297.2179 Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
FAU EXECUTIVE PROGRAMS.COM

Are you a U.S. Citizen? Yes X No \_\_\_

Are you a resident of Pompano Beach? Yes X No \_\_\_ Reside in District: 1 \_\_\_ 2 \_\_\_ (3X)4 \_\_\_ 5 \_\_\_

Do you own real property in Pompano Beach? Yes X No \_\_\_ COMM. REX HARDIN

Are you a registered voter? Yes X No \_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No X

Current or prior service on governmental boards and/or committees: POMPANO F.D. CERT

**Please make a check next to the Advisory Boards/Committees you would like to serve on:**

<input type="checkbox"/>	Affordable Housing	<input type="checkbox"/>	Cultural Arts	<input type="checkbox"/>	Parks and Recreation
<input type="checkbox"/>	Air Park	<input checked="" type="checkbox"/>	Education	<input type="checkbox"/>	*Planning & Zoning/Local Planning Agency
<input type="checkbox"/>	Architectural Appearance	<input checked="" type="checkbox"/>	Emergency Medical Services	<input type="checkbox"/>	*Police & Firefighter's Retirement System
<input checked="" type="checkbox"/>	Budget Review	<input type="checkbox"/>	*Employee's Board of Appeals	<input type="checkbox"/>	Pompano Beach Economic Development Council
<input type="checkbox"/>	Charter Amendment	<input type="checkbox"/>	Employee's Health Insurance	<input type="checkbox"/>	Recycling & Solid Waste
<input type="checkbox"/>	Community Appearance	<input type="checkbox"/>	*General Employee's Retirement System	<input type="checkbox"/>	Sand & Spurs Riding Stables
<input type="checkbox"/>	*Community Development	<input type="checkbox"/>	Golf	<input type="checkbox"/>	Marine
<input type="checkbox"/>	CRA East	<input type="checkbox"/>	Historic Preservation	<input type="checkbox"/>	*Unsafe Structures
<input type="checkbox"/>	CRA West	<input type="checkbox"/>	*Housing Authority of Pompano Beach	<input type="checkbox"/>	*Zoning Board of Appeals

\*Financial Disclosure Form is required, if appointed to serve, upon appointment and upon resignation/retirement.

In addition a Resume may be attached

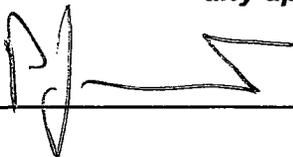
Education: POMPANO BEACH SR. HIGH SCHOOL 1977  
FLORIDA ATLANTIC UNIV. BBA 1982  
FLORIDA INTL. UNIV. GRAD. COURSES 1983

Experience: MANAGEMENT, AUTOMOTIVE, CONSTRUCTION,  
TOURISM,

Past Positions: \_\_\_\_\_

Hobbies: INTERESTS: CHILDRENS SPORTS, CHILDRENS ISSUES,  
POMPANO F.D. CERT, ECONOMIC DEVELOPMENT

**Making any false statements herein may be cause for revocation by the City Commission of any appointment to a Board/Committee.**

Signature: 

Date: 26 JAN 2011

Initials of Clerk or Deputy: \_\_\_\_\_

Date received or confirmed: \_\_\_\_\_

Please check one:  New Application  Currently Serving on Board  Updated Information

Note: Application is effective for one year from date of completion. If you have any questions on the above, please call the City Clerk's Office at: 954-786-4611, or send via fax to: 954-786-4095.



CITY OF POMPANO BEACH, FL  
ADVISORY BOARD/COMMITTEE APPLICATION

City Clerk's Office  
Post Office Drawer 1300  
Pompano Beach, Florida 33061

Fax No.: (954) 786-4095

Phone No.: (954) 786-4611

IN ORDER TO ASSIST THE CITY COMMISSION IN MAKING MUNICIPAL BOARD AND COMMITTEE APPOINTMENTS, THE FOLLOWING INFORMATION IS REQUESTED:

NAME OF BOARD/COMMITTEE: Community Development

NAME OF APPLICANT: Emma Ellington

RESIDENCY ADDRESS: 137 NW 15th St

ZIP CODE: 33060 HOME PHONE NO.: 954 781 8537

MAILING ADDRESS: 137 NW 15th St

CITY/STATE/ZIP CODE: Pompano B. Fla 33060

ARE YOU A CITY RESIDENT? YES:  NO:

IF YES, PLEASE INDICATE DISTRICT YOU RESIDE IN: 1:  2:  3:  4:  5:  sh

DO YOU OWN REAL PROPERTY IN POMPANO BEACH? YES:  NO:

ARE YOU A REGISTERED VOTER? YES:  NO:

BUSINESS OR OCCUPATION: Retired Nurse And Educator,

BUSINESS ADDRESS: Property owner  
137 NW 15th St

CITY/STATE: Pompano B. Florida

ZIP CODE: 33060 BUSINESS PHONE NO. 954 781 8537

ARE YOU PRESENTLY SERVING ON ANY OTHER CITY BOARD OR COMMITTEE? NO

IF YES, PLEASE LIST NAME: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WOULD YOU CONSIDER SERVING ON ANY OTHER CITY BOARD OR COMMITTEE? yes

IF YES, PLEASE LIST NAME:

Zoning  
Budget

Fire Rescue (EMS)

HAVE YOU EVER SERVED ON A CITY OF POMPANO BEACH BOARD/COMMITTEE? NO

IF YES, PLEASE STATE NAME OF BOARD OR COMMITTEE: \_\_\_\_\_

PLEASE LIST THE FOLLOWING BACKGROUND INFORMATION WHICH WOULD QUALIFY YOU TO SERVE ON THIS BOARD OR COMMITTEE:

EDUCATION: High School Diploma, Licensed Nurse,  
Landlord, Case manager, Degree in Education

EXPERIENCE: Working Working to the Elderly Section  
Homeless

CURRENT POSITION: (Retired) Consultant for  
the Homeless

PAST POSITIONS: Teacher, Counselor, Nurse, Case manager

HOBBIES: sewing, dancing, Lecturing

MAKING ANY FALSE STATEMENTS HEREIN MAY BE CAUSE FOR REMOVAL BY THE CITY COMMISSION:

Emma Elford  
SIGNATURE OF APPLICANT

1/24/01  
DATE OF APPLICATION

[Signature]  
INITIALS OF CLERK OR DEPUTY

1/24/01 2/23/14  
DATE RECEIVED OR CONFIRMED

\*\*\*\*\*

NOTE: IF YOU DO NOT WISH TO SERVE ON THIS BOARD OR COMMITTEE, PLEASE EITHER CHECK HERE  AND RETURN TO CITY CLERK, OR NOTIFY THE CITY CLERK'S OFFICE IN WRITING OF YOUR DESIRE NOT TO SERVE.

\*\*\*\*\*

THIS SECTION MUST BE COMPLETED BY THE ADVISORY BOARD SECRETARY ONLY

NUMBER OF MEETINGS HELD: \_\_\_\_\_ NUMBER OF MEETINGS ATTENDED: \_\_\_\_\_



### CITY OF POMPANO BEACH ADVISORY BOARD / COMMITTEE APPLICATION

City Clerk's Office Phone: 954-786-4611 Fax: 954-786-4095  
Post Office Drawer 1300, Pompano Beach, FL 33061  
www.mypompanobeach.org

2014 DEC 15 PM 1:13  
CITY OF POMPANO BEACH  
OFFICE OF THE CITY CLERK

Mr.  Mrs. \_\_\_ Ms. \_\_\_ Miss \_\_\_ Name: Woodrow J. Poitier  
(Optional)

**Residence Information:**

Home Address: 901 N.W. 4th Ave  
City/State/Zip: Pompano Beach, FL 33060  
Home Phone: (954) 943-7282 Cell Phone: (954) 464-5160  
Email: Wpoitier@poitierFuneralHome.com Fax: (954) 943-0994

**Business Information:**

Employer/Business Name: L.C. Poitier Funeral Home  
Current Position / Occupation: LICENSE FUNERAL DIRECTOR / OWNER  
Business Address: 317 N.W. 6 St.  
City/State/Zip: Pompano Beach, FL 33060  
Business Phone: 954-943-7050 Fax: 954-943-0994 Email: \_\_\_\_\_

Are you a U.S. Citizen? Yes  No \_\_\_  
Are you a resident of Pompano Beach? Yes  No \_\_\_ Reside in District: 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4  5 \_\_\_  
Do you own real property in Pompano Beach? Yes  No \_\_\_  
Are you a registered voter? Yes  No \_\_\_  
Have you ever been convicted of a felony? Yes \_\_\_ No   
Current or prior service on governmental boards and/or committees: Ex-City Comm. Housing Authority Bd; Emergency Med. SERVICES

Please make a check next to the Advisory Boards/Committees you would like to serve on:

<input type="checkbox"/> Affordable Housing	<input type="checkbox"/> Cultural Arts	<input type="checkbox"/> Parks and Recreation
<input type="checkbox"/> Air Park	<input type="checkbox"/> Education	<input type="checkbox"/> *Planning & Zoning/Local Planning Agency
<input type="checkbox"/> Architectural Appearance	<input checked="" type="checkbox"/> Emergency Medical Services	<input type="checkbox"/> *Police & Firefighter's Retirement System
<input type="checkbox"/> Budget Review	<input type="checkbox"/> *Employee's Board of Appeals	<input type="checkbox"/> Pompano Beach Economic Development Council
<input type="checkbox"/> Charter Amendment	<input type="checkbox"/> Employee's Health Insurance	<input type="checkbox"/> Public Art Committee
<input type="checkbox"/> Community Appearance	<input type="checkbox"/> *General Employee's Retirement System	<input type="checkbox"/> Recycling & Solid Waste
<input type="checkbox"/> *Community Development(CDAC)	<input type="checkbox"/> Golf	<input type="checkbox"/> Sand & Spurs Riding Stables
<input type="checkbox"/> CRA East	<input type="checkbox"/> Historic Preservation	<input type="checkbox"/> Marine
<input type="checkbox"/> CRA West	<input checked="" type="checkbox"/> *Housing Authority of Pompano Beach	<input type="checkbox"/> *Unsafe Structures
		<input type="checkbox"/> *Zoning Board of Appeals

\*Financial Disclosure Form is required, if appointed to serve, upon appointment and upon resignation/retirement.

In addition a Resume may be attached

Education: A.S Degree Mortuary Science - Miami-Dade College  
1971

Since - 1971

Experience: Funeral Director / Embalmer ; City Commissioner  
6yrs 2mos ; FFTR / Paramedic, City of Pompano 23 1/2yrs  
Comm. City of Pompano Housing Authority 6yrs

Past Positions: EMS Advisory Bd.  
" Refer to Experience "

Hobbies: Reading, Fishing

**Making any false statements herein may be cause for revocation by the City Commission of any appointment to a Board/Committee.**

Signature: Woodrow J. Poitier Date: Dec. 12 2014

Initials of Clerk or Deputy: \_\_\_\_\_ Date received or confirmed: \_\_\_\_\_

Please check one:  New Application  Currently Serving on Board  Updated Information

Note: Application is effective for one year from date of completion. If you have any questions on the above, please call the City Clerk's Office at: 954-786-4611, or send via fax to: 954-786-4095.

**CITY OF POMPANO BEACH**  
**Broward County, Florida**

**AN ORDINANCE AMENDING CHAPTER 33, "BOARDS AND COMMISSIONS", OF THE POMPANO BEACH CODE OF ORDINANCES BY AMENDING SECTION 33.036, "MEMBERS", TO PROVIDE FOR AN ADDITIONAL MEMBER OF THE EMERGENCY MEDICAL SERVICES ADVISORY BOARD AND ESTABLISHING A TERM OF OFFICE; PROVIDING FOR SEVERABILITY; PROVIDING FOR CONFLICTS; PROVIDING AN EFFECTIVE DATE**

**WHEREAS**, the City Commission established the Emergency Medical Services Advisory Board consisting of five (5) members; and

**WHEREAS**, the City Commission now wishes to add an additional member to the Emergency Medical Services Advisory Board and establish a term of office for member; and

**WHEREAS**, the City Charter has been amended to allow the City Commission to establish the number and term of office of members on advisory boards; and

**WHEREAS**, pursuant to law, ten (10) days' notice has been given by publication in a paper of general circulation in the City, notifying the public of this proposed Ordinance and of a public hearing in the City Commission Chambers of the City of Pompano Beach; and

**WHEREAS**, a public hearing before the City Commission was held pursuant to the published notice described above, at which hearing the parties in interest and all other citizens so desiring had an opportunity to be and were, in fact, heard; now, therefore,

**BE IT ENACTED BY THE CITY OF POMPANO BEACH, FLORIDA:**

**SECTION 1.** That Section 33.036 "Members", of Chapter 33, "Boards and Commissions", of the Code of Ordinances of the City of Pompano Beach is hereby amended to read as follows:

§ 33.036 MEMBERS.

(A) The membership of the Emergency Medical Services Advisory Board shall consist of men or women who are residents of the city, ~~and~~ shall consist of ~~five~~ six (6) members serving without pay, and shall serve for a term of three (3) years except the sixth member appointed after the effective date of this ordinance may be initially appointed for a shorter term. Two of the members should be persons who are or have been licensed to practice medicine in one of the United States, and one member should be a person who is or has been admitted to the practice of law in one of the United States, if persons having such qualifications are available to serve. Any vacancies in such Board shall be filled by the City Commission, and where such vacancy occurs otherwise than by expiration of the term, the appointment filling such vacancy shall be for the unexpired term. Members of the Board shall be subject to removal for cause by the City Commission after a hearing before the City Commission.

**SECTION 2.** If any provision of this Ordinance or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications of this Ordinance that can be given effect without the invalid provision or application, and to this end the provisions of this Ordinance are declared to be severable.

**SECTION 3.** All ordinances or parts of ordinances in conflict herewith be and the same are hereby revoked.

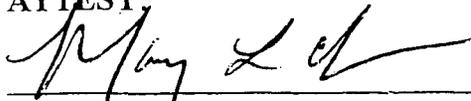
**SECTION 4.** This Ordinance shall become effective upon passage.

PASSED FIRST READING this 11th day of January, 2005.

PASSED SECOND READING this 25th day of January, 2005.

  
\_\_\_\_\_  
JOHN C. RAYSON, MAYOR

ATTEST:

  
\_\_\_\_\_  
MARY L. CHAMBERS, CITY CLERK

GBL/jrm  
12/14/04  
I:ord/ch33/2005-94

**CITY OF POMPANO BEACH**  
**Broward County, Florida**

**AN ORDINANCE AMENDING CHAPTER 33, "BOARDS AND COMMISSIONS" OF THE CITY OF POMPANO BEACH CODE OF ORDINANCES BY AMENDING SECTION 33.036, "MEMBERS", TO PROVIDE FOR ALTERNATE MEMBERS OF THE EMERGENCY MEDICAL SERVICES ADVISORY BOARD; PROVIDING FOR SEVERABILITY; PROVIDING AN EFFECTIVE DATE.**

**WHEREAS**, the City Commission established the Emergency Medical Services Advisory Board without the provision for alternate members; and

**WHEREAS**, the City Commission now wishes to add alternate membership to the Emergency Medical Services Advisory Board; and

**WHEREAS**, pursuant to law, ten (10) days' notice has been given by publication in a paper of general circulation in the City, notifying the public of this proposed Ordinance and of a public hearing in the City Commission Chambers of the City of Pompano Beach; and

**WHEREAS**, a public hearing before the City Commission was held pursuant to the published notice described above, at which hearing the parties in interest and all other citizens so desiring had an opportunity to be and were, in fact, heard; now, therefore,

**BE IT ENACTED BY THE CITY OF POMPANO BEACH, FLORIDA:**

**SECTION 1:** That Section 33.036, "Members", of Chapter 33, "Boards and Commissions", of the Code of Ordinances of the City of Pompano Beach is hereby amended to read as follows:

**§ 33.121 MEMBERS.**

(A) The membership of the Emergency Medical Services Advisory Board shall consist of men or women who are residents of the City of Pompano Beach, and shall consist of five members serving without pay. Two of the members should be persons who are or have been licensed to practice medicine in one of the United States, and one member should be a person who is or has been admitted to the practice of law in one of the United States, if persons having such qualifications are available to serve. Any vacancies in such Board shall be filled by the City Commission, and where such vacancy occurs otherwise then by expiration of the term, the appointment filling such

vacancy shall be for the unexpired term. members of the Board shall be subject to removal for cause by the City Commission after a hearing before the City Commission.

(B) Terms of the first members shall be as follows. One member shall serve one year; two members shall serve two years; two members shall serve three years; and all future appointments shall be three-year terms. Members shall be appointed by the City Commission.

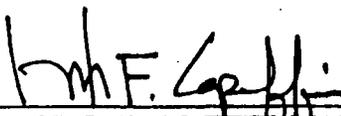
(C) The City Commission shall appoint two (2) alternate members of the Emergency Medical Services Advisory Board, who are residents of the City and licensed to practice medicine in the United States or admitted to practice law in the United States, if persons having such qualifications are available to serve, to be designated as Alternate 1 and Alternate 2. Each alternate shall be appointed for a term of three (3) years, said terms to run concurrently. Alternate members shall be subject to removal for cause by the City Commission. Alternate member vacancies shall be filled for the unexpired term of the member. Should a temporary absence or disqualification of any member of the Emergency Medical Services Advisory Board occur, the Chairman of the Board shall have the right and authority to designate one of the alternate members to serve as a substitute member during the continuance of such absence or disqualification. The Chairman shall rotate such assignments between the alternate members to the extent that availability of alternate members allows.

**SECTION 2:** If any provision of this Ordinance or the application thereof to any person or circumstances is held invalid, such invalidity shall not affect any provisions or applications of this Ordinance that can be given effect without the invalid provision or application, and to this end the provisions of this Ordinance are declared to be severable.

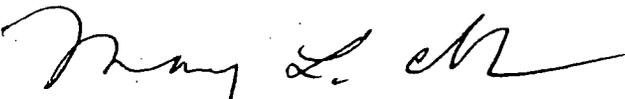
**SECTION 3:** This Ordinance shall become effective upon passage.

PASSED FIRST READING this 8TH day of MAY, 2001.

PASSED SECOND READING this 22ND day of MAY, 2001.

  
\_\_\_\_\_  
WILLIAM F. GRIFFIN, MAYOR

ATTEST:

  
\_\_\_\_\_  
MARY L. CHAMBERS, CITY CLERK

CITY OF POMPANO BEACH  
Broward County, Florida

AN ORDINANCE AMENDING CHAPTER 16 OF THE CODE OF ORDINANCES OF THE CITY OF POMPANO BEACH; AMENDING THE TITLE OF SAID CHAPTER 16 TO READ: "FIRE AND RESCUE"; ADDING ARTICLE III CREATING AN EMERGENCY MEDICAL SERVICES ADVISORY BOARD; PROVIDING A SAVINGS CLAUSE; PROVIDING A REPEALING CLAUSE; PROVIDING AN EFFECTIVE DATE.

WHEREAS, pursuant to law, fourteen (14) days' notice has been given by publication in a paper of general circulation in the City, notifying the public of this proposed ordinance and of a public hearing in the Commission Meeting Room of the City of Pompano Beach, Florida; and,

WHEREAS, a public hearing before the City Commission was held, pursuant to the published notice described above, at which hearing the parties in interest and all other citizens so desiring had an opportunity to be and were in fact heard; now, therefore,

BE IT ENACTED BY THE CITY OF POMPANO BEACH, FLORIDA:

SECTION 1: That the title of Chapter 16 of the Code of Ordinances of the City of Pompano Beach is hereby amended to read as follows:

"Chapter 16

FIRE AND RESCUE"

SECTION 2: Chapter 16 of the Code of Ordinances of the City of Pompano Beach is hereby amended by the addition of a new Article III, said Article to read as follows:

"ARTICLE III. Emergency Medical Services Advisory Board.

Section 16.24. Established.

Pursuant to the provisions of Section 234 of the Charter of the City of Pompano Beach, Florida, there is hereby established an Emergency Medical Services Advisory Board.

Section 16.25. Membership; vacancies.

The membership of this Board shall consist of men or women who are residents of the City of Pompano Beach, and shall consist of five members serving without pay. Two of the members should be

persons who are or have been licensed to practice medicine in one of the United States, and one member should be a person who is or has been admitted to the practice of law in one of the United States, if persons having such qualifications are available to serve. Any vacancies in such Board shall be filled by the City Commission, and where such vacancy occurs otherwise than by expiration of the term, the appointment filling such vacancy shall be for the unexpired term. Members of the Board shall be subject to removal for cause by the City Commission after a hearing before the City Commission.

Section 16.26. Term.

Terms of the first members shall be as follows:

One (1) member to serve one (1) year; Two (2) members to serve two (2) years; Two (2) members to serve three (3) years; all future appointments to be three (3) year terms. Members shall be appointed by the City Commission.

Section 16.27. Powers and duties.

(a) The Emergency Medical Services Advisory Board shall advise the City Commission in all matters pertaining to the providing of emergency medical services within the City of Pompano Beach. For purposes of this Article, emergency medical services is defined as emergency diagnostic and treatment services rendered to any ill or injured person at the scene of the onset of illness or injury. Said services are rendered by paramedical personnel who perform such services at the direction of a medical practitioner at a remote location who is kept apprised of the condition of the ill or injured person by voice radio communication and telemetered physiological data.

(b) The members of the Board shall meet and organize by electing from the membership a chairman. The Board may adopt rules and regulations for the conduct of its meetings, including the methods of calling a meeting. The Board shall keep minutes of its meetings, copies of such minutes to be provided to the City Commission. The Board shall make an annual report to the City

Commission, and shall make such other reports as may from time to time be requested by the City Commission or desired to be submitted by said Board."

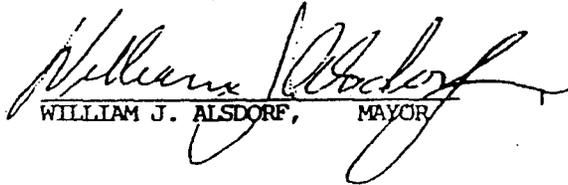
SECTION 3: If any section or provision of this ordinance shall be held invalid, such holding shall not affect or invalidate any other section or provision which is not of itself invalid.

SECTION 4: All ordinances or parts of ordinances in conflict herewith be and the same are hereby repealed.

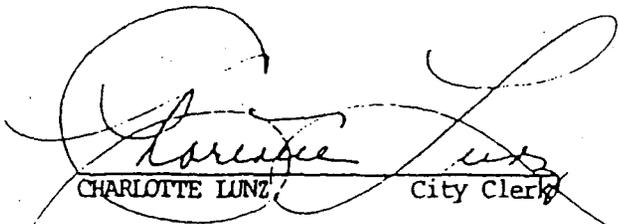
SECTION 5: This Ordinance shall become effective upon passage.

PASSED FIRST READING            this 14 day of October ,1975.

PASSED SECOND READING        this 21 day of October .1975.

  
WILLIAM J. ALSDORF,    MAYOR

ATTEST:

  
CHARLOTTE LUTZ,    City Clerk

**Emergency Medical Services Advisory Board MEMBERS**

<b>Name</b>	<b>Address</b>	<b>District</b>	<b>Phone</b>	<b>Appointed</b>	<b>Expires</b>	<b>Reso No.</b>
<b>Frank Desiderio (Chair)</b> City Commission At Large	806 Cypress Grove Lane # 509 (33069) <a href="mailto:FDFL99@msn.com">FDFL99@msn.com</a>	5	954-979-6985 954-489-3188 (O)	3/11/2014	3/22/2017	2014-176
<b>Matthew H. Cheshire (Vice Chair)</b> City Commission At Large	737 N.E. 7th Street (33060) 4 N.E. 4th Avenue <a href="mailto:ragtime737@juno.com">ragtime737@juno.com</a>	3 3	954-942-1816 954-943-1044 (O)	2/10/2015	12/16/2018	2015-179
<b>Michael Miller</b> City Commission At Large	2725 S.E. 6th Street (33062) (H) <a href="mailto:millerappraisal@aol.com">millerappraisal@aol.com</a>	1	954-783-5663 954-785-0606 (O)	12/11/2012	12/12/2015	2013-105
<b>Latoya T. Almonord</b> City Commission At Large	501 N.W. 17th Avenue (33069)	4	954-394-3473	11/12/2013	12/12/2016	2014-70
<b>Joseph Wells</b> City Commission At Large	789 N.W. 15th Place (33060) <a href="mailto:hbnjw@yahoo.com">hbnjw@yahoo.com</a>	4	954-294-9443	5/26/2012	5/26/2015	2012-231
<b>Daniel Horak</b> City Commission At Large	224 NE 16th Ave., (33060) <a href="mailto:d_horak@bellsouth.net">d_horak@bellsouth.net</a>	3	954-914-6204	5/26/2012	5/26/2015	2012-230
<b>(1) Harry Diamond</b> City Commission At Large	3313 S.E. 3rd Street, (33062) <a href="mailto:applebarnharry@gmail.com">applebarnharry@gmail.com</a>	1	802-688-3909 c 954-545-5141 h	6/11/2013	7/1/2016	2013-285
<b>(2) Michelle Rhoulhac</b> City Commission At Large	3021 N.E. 1st Avenue, (33064) <a href="mailto:nothingbutbiz@yahoo.com">nothingbutbiz@yahoo.com</a>	2	954-592-9492 h	7/24/2012	7/1/2015	2012-339  *Wells term
Robin Burns Recording Secretary	Fire Administration Bldg. 120 SW 3rd Street		954-786-4338			

Meets: Third Thursday of every odd month @ 7:00pm in the Fire Administration Bldg.  
Established: City Ordinance No. 76-3