

Application Form

Profile

 Prefix Phyllis Babrove
 First Name Last Name

12440 NW 15 Street Apt 3-204
 Home Address Suite or Apt

Sunrise FL 33323
 City State Postal Code

mirikal1210@gmail.com
 Email Address

Home: (954) 812-2053 Home: (954) 812-2053
 Primary Phone Alternate Phone

Current or Former Employer

Self-employed

Mental Health Therapist
 Job Title

Duties

I provide mental health therapy to individuals, couples, and families via telehealth.

Years Employed

5

Do you have a contract with the City of Sunrise or are you a vendor? *

No

Do you work with a company that has a contract with the City of Sunrise? *

No

Did you receive a grant from the City of Sunrise for your 501(c)(3) charitable organization? *

No

Which Boards would you like to apply for?

Education Advisory Board: Submitted

Which of the boards you selected above is your first choice? *

Education Advisory Board

Phyllis Babrove

Briefly describe why you would like to serve on this advisory board:

I would like to be on the committee to educate the community about drug prevention and awareness.

Describe the qualifications, skills and abilities you possess that would directly benefit this board:

I am a Licensed Clinical Social Worker. I retired as a school social worker with the School Board of Broward County after sixteen years in 2015. For the past five years I have been an advocate for drug education and prevention. I have experience speaking to various groups about drug education both locally and in various areas of the country. These groups include coalitions, colleges, churches, and recovery groups.

List your education background and area of study:

I attended Broward College for my AA degree. I earned a Bachelor of Social Work degree at FAU and Master's in Social Work at FIU. I am also licensed with the State of Florida.

Describe your involvement in the Sunrise community:

Sunrise Organization

I am a past member of the Chamber of Commerce.

Number of Years

one

Office(s) Held/Responsibilities

None

Sunrise Organization

Number of Years

Office(s) Help/Responsibilities

Are you a resident of the City of Sunrise?

Yes No

Are you a resident of Broward County?

Yes No

Are you a citizen?

Yes No

Appointment to this board will require your attendance at regularly scheduled meetings that may occur in the evening.

How many hours per month are you willing to commit as a volunteer?

I can commit for whatever number of hours I am needed.

If you are not appointed to a board at this time

Would you like to be considered for appointment to a board if a vacancy occurs?

Yes No

ACKNOWLEDGEMENT:

I acknowledge that in accordance with Sunrise City Code Section 2-76(f), all applicants for or voting members of city boards shall be subject to a comprehensive background check to ensure they have 1) Not violated any standard of conduct or code of ethics established by law for public officials; 2) Not violated any standard of conduct or code of ethics established by law for any profession regulated by the State of Florida or any other state; 3) No criminal charges pending; 4) Not had a misdemeanor conviction in the ten-year period prior to the date of the proposed appointment; and 5) Not ever been convicted of a felony or a crime of moral turpitude. I shall sign all paperwork necessary to enable the city to perform said background check. I understand that if I am charged with a crime while I am a sitting member of a city board, agency, authority, committee or commission, that I am automatically removed from my position (Section 2-76, City Code). By executing this application, I hereby waive any rights I may have under Florida Statutes section 112.501, entitled "Municipal board members; suspension; removal." I acknowledge receipt of the separate documents entitled **DISCLOSURE REGARDING BACKGROUND INVESTIGATION** and **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT** and that I have read and understand both of those documents. I understand that in accordance with the Florida Public Records Law, information on my application may be made public unless an exemption exists. I understand that all appointments are for voluntary, uncompensated service. If appointed, I agree to faithfully and fully perform the duties of my office, make every endeavor to serve my full term, and comply with all laws and ordinances of the City, County, and State of Florida, particularly those pertaining to the conduct of public officials and the financial disclosure requirements. I have received a copy of the City of Sunrise Code of Ethics (Chapter 10, Article II, City Code). Consistent with Florida Statutes pertaining to public records, please note that your social security number will not be released. Social Security Number Collection Disclosure Statement: Please be advised that pursuant to Section 119.071(5)(a)2.a., Florida Statutes, the City of Sunrise ("City") discloses that the City requests your social security number for the purpose of payroll eligibility verification, processing employment benefits, income reporting, tax reporting, background checks on employee applicants, advisory board applicants, or other City program volunteers. Social security numbers are also used as a unique numeric identifier and may be used for search purposes.

I Agree

Question applies to multiple boards

Please complete an application for a comprehensive background check by going to the

[Existing Board Member](#)

[New Board Member Applicant](#)