



CITY OF BROOKSVILLE

Application for Volunteer Board Positions

201 Howell Avenue
Brooksville, Florida 34601-2041
Telephone: (352) 540-3810
Facsimile: (352) 544-5424

☐ New Application

☐ Re-application

Beautification Board (4 year terms – 7 members)

Brooksville Housing Authority (4 year terms – 5 Members & 1 Alternate)

CDBG Citizen's Advisory Task Force (4 year terms – 5 members & 1 alternate)

Cemetery Advisory Committee (4 year terms – 7 members – city residency or documented tie to Cemetery)

Firefighters Pension Trust Fund Board of Trustees* (2 year terms – 5 members)

Good Neighbor Trail (Non-Expiring Terms – 10 members)

Parks & Recreation Advisory Board (4 year terms – 7 members & 2 alternates)

Planning & Zoning Commission* (4 year terms – 5 members & 2 alternates)

Police Officers Pension Trust Fund Board of Trustees* (2 year terms – 5 members)

Screening Committee (1 year Terms – 5 members)

Other: Beautification Board Student Representative (1 year term)

Name: Maner Martha
(Last) (First) (Middle)

Address: 910 Josephine Street
Brooksville, Florida 34601

Mailing Address (if different): _____

Business Address: 835 School Street
Brooksville, Florida 34601

Occupation: Nutrition Supervisor

Business Phone: 352-279-2418 Home Phone: _____

Email address: marthamaner02@gmail.com

Do you reside within the City limits? ☐ Yes ☒ No

Are you a Registered Voter in Hernando County? ☒ Yes ☐ No Voter ID # _____

Please rank your board preference(s):
1. South Brooksville Steering Committee
2. _____
3. _____

* These positions require City Residency and that a Financial Disclosure Statement be filed with the Supervisor of Elections Office within 30 days of appointment and then subsequently on a yearly basis.

Have you ever served on a volunteer board or in a volunteer capacity with the City of Brooksville before? ☐ Yes ☒ No If yes, please indicate name of board and dates of service: _____

Why would you like to serve on this board? I have previously served on the board for KASS Circle CRA.

What special skills would you bring to this position? I am a citizen of South Brooksville. To continue my commitment to the community service and development in a capacity that best utilizes my knowledge, skills, and experience. To provide leadership in the community through action and service.
List fields of work experience: Management for formerly Lyles Memorial currently known as Tampa General / Springhill for 43 years presently Youthrive / Early Learning Program Nutrition Supervisor for 20 yrs.

List any licenses and/or degrees (location & year): Certified Dietary Manager and CCFP. Member of the Florida ANFP of Florida.

Local References (Please list three (3):

1. Melissa Burnett - (352) 238-8978
2. Herry W. Hed - 203-241-8398
3. Walter Moore - 352-777-4264 / 352-585-5531

Would you have a problem with the meeting dates and times for the board/agency?

☐ Yes ☒ No

If yes, please explain: _____

Signed: Martha Maner

Date: 8/27/2025

SCHEDULE OF BOARD MEETINGS

[Note - Balance of Boards meet quarterly or as needed]

BEAUTIFICATION BOARD

2nd TUES of each MONTH (except July & August -
5:00 PM in Council Chambers

BROOKSVILLE HOUSING AUTHORITY

3rd TUES of each MONTH - 5:00 PM in Council Chambers

PLANNING & ZONING COMMISSION

2nd WED of each MONTH - 5:30 PM in Council Chambers

**CITY OF BROOKSVILLE
ADVISORY BOARD MEMBER APPLICATION**

**AUTHORIZATION FOR CRIMINAL BACKGROUND HISTORY INFORMATION
AND
BACKGROUND/REFERENCE CHECK**

Acknowledgments

1. Accuracy of Information. I certify that the information provided in my Board application with the City of Brooksville is correct to the best of my knowledge.
2. Information Release. I authorize the City of Brooksville to contact any company, institution, or individual it deems appropriate to investigate my criminal background history, character, qualifications, or related information. I give my full consent for all contacted persons to provide the information concerning this application. Further, I waive my right to bring a claim against these individuals for any damages arising from furnishing the requested information to the City of Brooksville. I also release the City of Brooksville from all liability that might result from checking such references.

Martha Maner 8/27/2025
Signature Date

**THE FOLLOWING INFORMATION IS NEEDED FOR THE CITY TO PERFORM A
CRIMINAL BACKGROUND HISTORY:**

Applicant: Maner Martha Carol
Last First Middle

Date of Birth: 4/23/1955 SSN: 5

Race: (Circle One) African American Alaskan Native American Indian
Asian Caucasian Hispanic
Unknown Other: _____
Gender: (Circle One) Female Male

NOTE: This information will be kept in a separate file and is not a part of your appointment application.

Please remove my application from consideration. _____
(Please Initial)