ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

It is the applicant s responsibility to keep the information on this form current
To advise the County of any changes please contact Christine Coble
by telephone at 606 5300 or by e mail at CobleC@leoncountyfl gov

Applications will be discarded if no appointment is made after two years

Name Jeff Logan | Date 9/21/07

Home Phone 297 2468 | Work 528 5673 | Email JLogan4078@comcast net

Occupation Owner Carpentry / Construction business | Employer Self – Santa s Little Helper s LLC

Please check box for preferred mailing address

9 Work Address 1970 Maryellen Drive

City/State/Zip Tallahassee Florida 32303

9 Home Address Same

City/State/Zip

Do you live in Leon County? Yes **If yes do you live within the City limits?** Yes **Do you own property in Leon County?** yes **If yes is it located within the City limits?** yes

For how many years have you lived and/or owned property in Leon County? __16__ years

Are you interested in serving on any specific Committee(s)? If yes please indicate your preference

1st Choice Lake Jackson Sports Council 2nd Choice _____

If not interested in any specific Committee(s) are you interested in a specific subject matter? If yes please check those areas in which you are interested or describe other areas not listed

Human Services __ Housing __ Health Care __ Science __ Library Services __ Growth Management __
Tourist Development __ Transportation __ Bicycle/Pedestrian __ Parks & Recreation _x_
Code Enforcement___
Other Areas _____

Have you served on any previous Leon County committees? No

If Yes on what Committee(s) have you served? _____

How many days per month would you be willing to commit for Committee work? 2 to 3 depending on the situation maybe more
And for how many months would you be willing to commit that amount of time? 6 or more
What time of day would be best for you to attend Committee meetings? Night

(OPTIONAL) **Leon County strives to meet its goals and those contained in various federal and state laws of maintaining a membership in its Advisory Committees that reflects the diversity of the community Although strictly optional for Applicant the following information is needed to meet reporting requirements and attain those goals**

Race Caucasian Sex Male Age _38____ Disabled? No

Persons needing a special accommodation to participate in an Advisory Committee should contact Christine Coble by telephone at 606 5300 or e-mail at CobleC@mail co leon fl us

In the space below briefly describe or list the following any previous experience on other Committees your educational background your skills and experience you could contribute to a Committee any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Leon County any charitable or community activities in which you participate and reasons for your choice of the Committee indicated on this Application Please attach your resume if one is available

I am the owner of Santa s Little Helpers LLC a home improvement and repair business in Leon County After attending Florida State University College of Law I opened Santa s Little Helpers I have served as president of the Racquet Club Home Owners Association Serving as a volunteer coach for baseball flag football and soccer at Canopy Oaks park for approximately 6 years has given me a unique perspective I have seen all three sports from the inside I am aware of the strengths and weaknesses of each My goal as a board member will be to ensure that every child wanting to participate in athletic activities is given the opportunity Furthermore I would like to promote efficient and cooperative organization of the sports offered

References (you must provide at least one personal reference who is not a family member)

Name Gary Gentry Telephone 519 0316

Address 5008 Susannah Drive Tall , Fl 32303

Name Jessy Goodson Telephone 321 2000

Address 313 Hoffman Drive Tall , Fl 32312

IMPORTANT LEGAL REQUIREMENTS FOR ADVISORY COMMITTEE MEMBERSHIP

AS A MEMBER OF AN ADVISORY COMMITTEE, YOU WILL BE OBLIGATED TO FOLLOW ANY APPLICABLE LAWS REGARDING GOVERNMENT IN THE SUNSHINE CODE OF ETHICS FOR PUBLIC OFFICERS, AND PUBLIC RECORDS DISCLOSURE THE CONSEQUENCES OF VIOLATING THESE APPLICABLE LAWS INCLUDE CRIMINAL PENALTIES CIVIL FINES AND THE VOIDING OF ANY COMMITTEE ACTION AND OF ANY SUBSEQUENT ACTION BY THE BOARD OF COUNTY COMMISSIONERS IN ORDER TO BE FAMILIAR WITH THESE LAWS AND TO ASSIST YOU IN ANSWERING THE QUESTIONS BELOW, YOU MUST COMPLETE AN ORIENTATION BEFORE YOUR APPLICATION IS DEEMED COMPLETE

Have you completed the Orientation? no
Are you willing to complete a financial disclosure form if applicable? yes
Will you be receiving any compensation that is expected to influence your vote action or participation on a Committee? No If yes from whom? _____
Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? No
Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? No If yes please explain _____
Do you or your employer or your wife or child or their employers do business with Leon County? No
If yes please explain _____
Do you have any employment or contractual relationship with Leon County that would create a continuing or frequently recurring conflict with regard to your participation on a Committee? No
If yes please explain _____

All statements and information provided in this application are true to the best of my knowledge

Signature _____

Please return Application to Christine Coble Agenda Coordinator
Leon County Board of County Commissioners
301 South Monroe Street
Tallahassee FL 32301

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