

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 488-9962 or by e-mail at CobleC@mail.co.leon.fl.us

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



Name: Mark Tancig Date: _____

Home Phone: 850-222-2237 Work Phone: 850-606-1345 Email: tancigpp@yahoo.com

Occupation: Env. Review Specialist Employer: Leon County Growth + Env. Management

Please check box for preferred mailing address.
 Work Address:
 City/State/Zip: _____

Home Address 1519 Jackson St.
 City/State/Zip: Tallahassee, FL 32303

Do you live in Leon County? Yes No If yes, do you live within the City limits? Yes No
 Do you own property in Leon County? Yes No If yes, is it located within the City limits? Yes No
 For how many years have you lived and/or owned property in Leon County? 2 years

Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference
 1st Choice: _____ 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 Metropolitan Planning Organization __
 Other Areas Environmental

Have you served on any previous Leon County committees? Yes No
 If Yes, on what Committee(s) have you served? _____

How many days per month would you be willing to commit for Committee work? 1 2 to 3 4 or more
 And for how many months would you be willing to commit that amount of time? 2 3 to 5 6 or more
 What time of day would be best for you to attend Committee meetings? Day 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 African American Hispanic Asian Other
 Sex: Male Female Age: _____ Disabled? Yes No

Persons needing a special accommodation to participate in an Advisory Committee should contact Christine Coble by telephone at 488-9962 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 graduated from University of Florida with a BS in Botany. I was a field biologist with Florida Natural Areas Inventory for 4 years and currently review site plans for Env. Regulation compliance. I am familiar with the flora and fauna of the state, as well as environmental/growth issues. I ride bike 10 miles a day to work, grow vegetables, enjoy local parks/preserves, and have kids I plan to raise here.

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

Name: Carolyn Kindell Telephone: 850-224-8207
Address: 1018 Thomasville Rd. Suite 200-C Tallahassee, FL 32303

Name: _____ Telephone: _____
Address: _____

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? Yes No
- Are you willing to complete a financial disclosure form, if applicable? Yes No
- Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? Yes No If yes, from whom? _____
- Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? Yes No
- Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? Yes No If yes, please explain _____
- Do you or your employer, or your wife or child or their employers, do business with Leon County? Yes 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? Yes No If yes, please explain I work for Leon County.

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

Signature: Mark Tarrig

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