

## ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

<p>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</p> <p style="text-align: center;">Applications will be discarded if no appointment is made after two years.</p>		
Name: Betsy Henderson		Date: 10/22/2008
Home Phone: 850-385-5301	Work Phone: 850-222-4742	Email: innovationrealty1@msn.com
Occupation: Realtor/Affordable Housing Education/Advocate	Employer: Innovation Realty/Southside Affordable Housing & Investment Showcase	
<p>Please check box for preferred mailing address.</p> <p><input type="checkbox"/> Work Address: 1617 South Adams Street</p> <p style="padding-left: 20px;">City/State/Zip: Tallahassee, Florida 32301</p>		
<p><input type="checkbox"/> Home Address 2670 Lonnbladh Road,,</p> <p style="padding-left: 20px;">City/State/Zip: Tallahassee, Florida 32308</p>		
<p>Do you live in Leon County? <input checked="" type="checkbox"/> Yes If yes, do you live within the City limits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you own property in Leon County? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, is it located within the City limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>For how many years have you lived and/or owned property in Leon County? <u>19</u> years</p>		
<p>Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference</p> <p>1st Choice: <u>Affordable Housing Committee</u> 2nd Choice: _____</p>		
<p>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:</p> <p>Human Services <input type="checkbox"/> Housing <input checked="" type="checkbox"/> Health Care <input type="checkbox"/> Science <input type="checkbox"/> Library Services <input type="checkbox"/> Growth Management <input type="checkbox"/>          Tourist Development <input type="checkbox"/> Transportation <input type="checkbox"/> Bicycle/Pedestrian <input type="checkbox"/> Parks &amp; Recreation <input type="checkbox"/>          Code Enforcement <input type="checkbox"/>          Other Areas <input type="checkbox"/> Currently Serve on Leon County Code Enforcement Board _____</p>		
<p>Have you served on any previous Leon County committees? <input checked="" type="checkbox"/> No</p>		
<p>If Yes, on what Committee(s) have you served? _____</p>		
<p>How many days per month would you be willing to commit for Committee work? <u>4 or more</u>          And for how many months would you be willing to commit that amount of time? <u>6 or more</u>          What time of day would be best for you to attend Committee meetings? <input type="checkbox"/> Either w/ advance notice</p>		
<p><b>(OPTIONAL)</b> 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.</p> <p>Race: <u>African American</u>          Sex: <u>Female</u> Age: <u>52</u> Disabled? <input type="checkbox"/> No</p> <p style="text-align: center;">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</p>		

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.

Entrepreneur since 1978, AA in Small Business Mgmt In 1983, Real Estate Licensed in Florida since 1993, Certified Residential Specialist & Broker and worked in affordable housing. Served several years on County Code Enforcement Board, Bethel CDC Board, Big Bend Cares, Tall. Board of Realtors (various committees), Financial Boards for Bethel AME and several civic and community organizations. Member of Leadership Tallahassee-Class 25, National & 'Florida Real Estate Assn, Tall. Board of Realtors, Capitol Club for RPAC, Business Advisory Council Congressional Committee, Girl Scouts of America & Big Bend, Who's Who Professionals, Chamber of commerce and several others. Creator of Southside Affordable Housing & Investment Showcase (grassroot educational organization in housing) and co-host of "Real Talk About Real Estate" (weekly 30 minute radio show) to name a few.

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

Name: Curtis Richardson, State Rep. Telephone: 545-4945

Address: \_\_\_\_\_

Name: Darryl Jones Telephone: 576-7501

Address: Bethel CDC, 501 Orange Ave. Tallahassee, Florida 32301

**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

Are you willing to complete a financial disclosure form, if applicable?  Yes Allready on file

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: Betsy Henderson

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