

# ADVISORY COMMITTEE APPLICATION FOR BOAI

Attachment # 27  
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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: Pamela Hall Date: 2 / 15 / 2007

Home Phone: 668-0118 Work Phone: 668-0118 Email: phall@curg.org

Occupation: biologist Employer: Smithsonian Tropical Research Institute

**Please check box for preferred mailing address.**  
 Work Address: 5051 Quail Valley Road  
 City/State/Zip: Tallahassee, FL 32309

Home Address 5051 Quail Valley Road  
 City/State/Zip: Tallahassee, FL 32309

Do you live in Leon County? Yes  If yes, do you live within the City limits? No   
 Do you own property in Leon County? Yes  If yes, is it located within the City limits? No   
 For how many years have you lived and/or owned property in Leon County? 12 years

Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference  
 WRC-Rep: Septic System Loan and Inspection Programs Planning Committee

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 \_\_\_\_\_

Have you served on any previous Leon County committees? Yes   
 If Yes, on what Committee(s) have you served? Permit Streamling

How many days per month would you be willing to commit for Committee work? At least 1 day a month  
 And for how many months would you be willing to commit that amount of time? 2 to 3 years  
 What time of day would be best for you to attend Committee meetings? Night is OK

**(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: Female Age: 50 Disabled? No

Persons needing a special accomodation 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 have worked with County and Planning Department staff for many years, starting with the many committees that were part of the Bradfordville Sector Plan development. I am interested in developing planning policy and regulations that allow for scientifically based lake preservation, storm water management and compatible development.

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

Name: John Kraynak Telephone: 606-1300

Address: County Growth and Environmental Management, Tharp Street

Name: Kathy Archibald Telephone: 893-8884

Address: 7100 Roberts Road, Tallahassee, FL 32309

**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? I believe so for other committee work.

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