

**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: John R. Sojat Date: Sept. 6, 2009

Home Phone: 668-4430 Work Phone: N/A Email: sojat\_J@nettally.com

Occupation: Retired Employer: N/A

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

\* Home Address: 9552 Starhawk Drive  
 City/State/Zip: Tallahassee, Florida 32309

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? 13 years

Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference  
 1st Choice: Citizen Charter Review Committee 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 \_\_\_  
 Code Enforcement \_\_\_  
 Other Areas \_\_\_\_\_

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: 76   Disabled?    Yes   \*  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.

Education: Masters Degree: Educational Administration and Supervision  
Employment: 41 Years in the field of Education. 29 of the 41 years were in the Administration of Educational Programs for the Fl. Dept of Education.  
Leon County Resident since 1967/68  
Extensive volunteer work with the Leon County Extension Center and the Tallahassee Little Theatre  
Reason for choosing the Citizen Charter Review Committee: Desire to participate in supporting the operation of the County Government

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

Name: Stan Rosenthal Telephone: 322-8173  
Address: 615 Paul Russell Road Tallahassee, Fl.

Name: Teri Ervin Telephone: 556-1808  
Address: 9546 Starhawk Drive 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?     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 \_\_\_\_\_

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

Signature: John R. Soyak

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