

## ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

<p style="text-align: center;">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: Michael Mendez		Date: 2/10/2010
Home Phone: 893-0608	Work Phone: 445-1910	Email: mmmendez@earthlink.net
Occupation: Home School Dad		Employer: Self Employed
<p>Please check box for preferred mailing address.</p> <p>Work Address: 8901 Winged Foot Dr.          City/State/Zip: Tallahassee/FL/32312</p>		
<p>Home Address 8901 Winged Foot Dr.          City/State/Zip: Tallahassee/FL/32312</p>		
<p>Do you live in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you live within the City limits? Yes <input type="checkbox"/> No          Do you own property in Leon County? Yes <input type="checkbox"/> If yes, is it located within the City limits? No <input type="checkbox"/></p> <p>For how many years have you lived and/or owned property in Leon County? <u>31</u> years</p>		
<p>Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference</p> <p>1st Choice: Bannerman Road Corridor Study</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 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 _____</p>		
<p>Have you served on any previous Leon County committees? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></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? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 to 3 <input type="checkbox"/> 4 or more          And for how many months would you be willing to commit that amount of time? <input type="checkbox"/> 2 <input type="checkbox"/> 3 to 5 <input checked="" type="checkbox"/> 6 or more          What time of day would be best for you to attend Committee meetings? Day <input checked="" type="checkbox"/> Night <input type="checkbox"/></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: <input checked="" type="checkbox"/> Hispanic          Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Age: <u>53</u> Disabled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></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@leoncountyfl.gov</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.

Easter Seals of North Florida, Chairman of the Board 1993-1995,  
Golden Eagle Homes Association Board Directors 3 years,  
Different Volunteer Organizations in non-board capacity  
IBM, Cisco Systems, Mainline Information Systems, ESI, Mentor Information Systems, Various sales and Management positions

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

Name: Robert Knight Telephone: 668-1989

Address: 4927 Arden Forest Way, Tallahassee FL 32309

Name: Pam Hall Telephone: 668-0118

Address: 5051 Quail Valley Rd, 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 spouse 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: \_\_\_\_\_

Please return Application to

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