

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@mail.co.leon.fl.us</p> <p>Applications will be discarded if no appointment is made after two years.</p>		
Name: Theodore I. pye sr.		Date:
Home Phone: 850-878-5793	Work Phone: 222-0842	Email: tpye@afscmefl.org
Occupation: Regional Director	Employer: Florida council 79	
Please check box for preferred mailing address.		
<input type="checkbox"/> Work Address: 3064 highland oaks terr. City/State/Zip: Tall, Fl. 32301		
<input type="checkbox"/> Home Address: 6037 w. w. kelly rd. Tall, Fl. 32311 City/State/Zip:		
Do you live in Leon County? ^{yes} <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you live within the City limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Do you own property in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it located within the City limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No For how many years have you lived and/or owned property in Leon County? <u>17</u> years		
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference		
1st Choice: <u>housing</u> 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 <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 checked="" type="checkbox"/> Tourist Development <input type="checkbox"/> Transportation <input checked="" type="checkbox"/> Bicycle/Pedestrian <input checked="" type="checkbox"/> Metropolitan Planning Organization <input type="checkbox"/> Other Areas _____		
Have you served on any previous Leon County committees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If Yes, on what Committee(s) have you served? _____		
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? <input type="checkbox"/> Day <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Caucasian <input checked="" type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Age: <u>55</u> Disabled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

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

Name: Doug Martin Telephone: 850-212-7447

Address: _____ tall _____

Name: Marvin Farmer Telephone: _____
870-7240

Address: _____ Tall _____

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

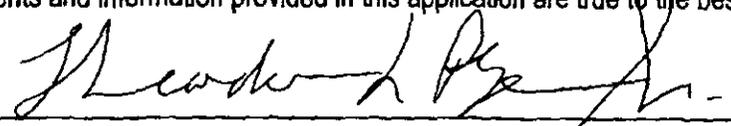
Will you be receiving any compensation that is expected to on a Committee? Yes No

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: 

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