ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

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: Vicki O'Neil | Date: 4/19/2010

Home Phone: 656-1918 | Work Phone: 891-5569 | Email: Vicki.Oneil@talgov.com

Occupation: Gas System Support Administrator | Employer: City of Tallahassee

Please check box for preferred mailing address.

X Work Address: 2602 Jackson Bluff Road, B11
City/State/Zip: Tallahassee, FL 32304

Home Address 4844 Lake Park Drive
City/State/Zip: Tallahassee, FL 32311

Do you live in Leon County? XYes ☐ No **If yes, do you live within the City limits?** XYes ☐ No

Do you own property in Leon County? XYes ☐ No **If yes, is it located within the City limits?** XYes ☐ No

For how many years have you lived and/or owned property in Leon County? __45__ years

Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference

1st Choice: Sustainability Task Force 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 X 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 X 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 X 6 or more

What time of day would be best for you to attend Committee meetings? X 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: X Caucasian ☐ African American ☐ Hispanic ☐ Asian ☐ Other

Sex: ☐ Male X Female Age: 55 Disabled? ☐ Yes X 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@leoncountyfl.gov

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 lived in Tallahassee since 1965, attended school (Tallahassee Community College) and raised my family here. I began work with the State Fire Marshal's Office (in the then Florida Dept. of Insurance) in January 1973 and completed my employment with the State of Florida in 2008.

I have been with the City of Tallahassee (COT) Natural Gas Utility since August of 2008. My responsibilities as Gas System Support Administrator, include oversight of regulatory compliance programs, as well as natural gas sales and marketing. Prior to my employment with the COT, I served over 14 years as Bureau Chief of the Florida Bureau of Liquefied Petroleum Gas Inspections, overseeing regulatory, licensing, training and other program activities relating to the propane gas industry in Florida. In that position, I was charged with administrative oversight and facilitation of various committees, including the Florida Propane Gas Advisory Board and Florida Propane Gas Safety, Education and Research Council.

In my 38+ years of government service, I have served on numerous committees, including, but not limited to:

- National Fire Protection Association Technical Advisory Committee on Liquefied Petroleum Gases
- Clean Fuels Florida Advisory Committee
- National Association of State Pipeline Safety Representatives
- Florida Natural Gas Association – Marketing Committee, Safety & Training Committee, Codes & Standards
- Florida Propane Gas Association – Safety & Education Committee; Codes & Standards
- US DOT Negotiated Rulemaking Committee on Cargo Tank Transportation of Hazardous Materials

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

Name: Ernest Barany Telephone: 921-8070

Address: Bureau of LP Gas Inspection, Florida Dept. of Agriculture & Consumer Services, 3125 Conner Blvd, Tallahassee, FL 32399-1650

Name: Victor and Sharon Williams Telephone: 668-6764

Address: 3028 Ironwood 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? X Yes ☐ No

Are you willing to complete a financial disclosure form, if applicable? X Yes ☐ No
Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? ☐ Yes X No If yes, from whom? _____

Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? X 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 X No If yes, please explain _____

Do you or your employer, or your spouse or child or their employers, do business with Leon County? X Yes ☐ No
If yes, please explain ____The City of Tallahassee interacts daily and on a wide variety of levels with Leon County to provide services to our customers.

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 X No
If yes, please explain _____

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

Signature: _____ Vicki O'Neal _____

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