

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@leoncountyfl.gov</p> <p>Applications will be discarded if no appointment is made after two years.</p>		
Name: <u>MATT SCARINGE</u>		Date: <u>03-05-10</u>
Home Phone: <u>514-3591</u>	Work Phone: <u>224-7922</u>	Email: <u>mscaringe@H2Engineering.com</u>
Occupation: <u>ENGINEER</u>	Employer: <u>H2Engineering, Inc.</u>	
Please check box for preferred mailing address.		
<input checked="" type="checkbox"/> Work Address: <u>114 EAST 5th Ave</u>		
City/State/Zip: <u>TALLAHASSEE, FL 32303</u>		
<input type="checkbox"/> Home Address <u>6305 DUCK CALL Ct.</u>		
City/State/Zip: <u>TALLAHASSEE, FL 32309</u>		
Do you live in Leon County? <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
For how many years have you lived and/or owned property in Leon County? <u>31</u> years		
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference		
1st Choice: <u>Sustainability Task Force</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 __ 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? <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 checked="" type="checkbox"/> 3 to 5 <input type="checkbox"/> 6 or more		
What time of day would be best for you to attend Committee meetings? <input checked="" type="checkbox"/> Day <input 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 checked="" type="checkbox"/> Caucasian <input 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>37</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@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.

EDUCATION: MECHANICAL ENGINEER, Professionally licensed in FL, GA, AL.
LEED ACCREDITED PROFESSIONAL w/ USGBC; CERTIFIED COMMISSIONING
AGENT. DESIGNER & OWNER OF FIRST GOLD LEED CERTIFIED BUILDING IN
LEON COUNTY. FIRM WAS LEED AP ON FIRST SILVER BLDG FOR FSU. INVOLVED
IN 12 LEED PROJECTS. DESIGNED ENGINEERING SYSTEMS FOR BUILDINGS FOR
15 YEARS. MEMBER OF SPRINGTIME TALLAHASSEE, GOOD SHEPHERD CHURCH.

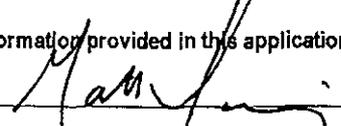
References (you must provide at least one personal reference who is not a family member):
Name: MICHAEL HARTMAN Telephone: 224-7922
Address: 114 EAST 5TH AVE, TALLAHASSEE FL 32303

Name: CARL MORGAN Telephone: 606-5000
Address: 1907 SOUTH MONROE ST, TALLAHASSEE FL 32301

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 contracts for facility design w/ LEON COUNTY FACILITIES.
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