

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@mail.co.leon.fl.us

Applications will be discarded if no appointment is made after two years.



Name: **Leann M. Tanis** Date: **4/13/2010**

Home Phone: **850-893-9449** Work Phone: **606-1366** Email: **tanisl@leoncountyfl.gov**

Occupation: **Environmental Review Biologist** Employer: **Leon County BOCC**

Please check box for preferred mailing address.

Work Address:

City/State/Zip:

Home Address: **8163 Charrington Forest Blvd.**

City/State/Zip: **Tallahassee, FL 32312**

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? **11 years (owned)**

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 __ Metropolitan Planning Organization __

Other Areas _____

Have you served on any previous Leon County committees? Yes No

If Yes, on what Committee(s) have you served? **Provided staff support on Science Advisory and Water Resources Committees**

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: 50 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 24

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: John Kraynak Telephone: 850-606-1300

Address: 435 North Macomb St.

Name: Nawfal Ezzagahi Telephone: 850-606-1300

Address: 435 North Macomb St.

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 __offering staff support, currently a Leon County employee__

Do you or your employer, or your wife or child or their employers, do business with Leon County? Yes No

If yes, please explain__ I am a Leon County employee for Dept. of Growth and Environmental Management

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_Leon County employee (offering staff support)

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