

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 style="text-align: center;">Applications will be discarded if no appointment is made after two years.</p>		
Name: Eric E. Hartwell		Date: 02/25/08
Home Phone: 850/309-7581	Work Phone: 850/222-9684	Email: ehartwell@flcities.com
Occupation: Attorney		Employer: Florida League of Cities, Inc.
Please check box for preferred mailing address. Work Address: P.O. Box 1757 City/State/Zip: Tallahassee, FL 32302		
Home Address: 2239 Upland Way, Tallahassee FL 32311		
<input checked="" type="checkbox"/> Mailing Address: P.O. Box 891, Tallahassee FL 32302 <i>(Prefer receipt of all correspondence here)</i>		
Do you live in Leon County? <input checked="" type="checkbox"/> Yes No If yes, do you live within the City limits? Yes <input checked="" type="checkbox"/> No		
Do you own property in Leon County? <input checked="" type="checkbox"/> Yes No If yes, is it located within the City limits? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
For how many years have you lived and/or owned property in Leon County? 8 years		
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference 1st Choice: Human Services Grants Review Committee; 2nd Choice: Workforce Plus; 3rd Choice: Minority, Women and Small Business Enterprise Program		
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>		
If Yes, on what Committee(s) have you served? _____		
How many days per month would you be willing to commit for Committee work? 1 <input checked="" type="checkbox"/> 2 to 3 <input type="checkbox"/> 4 or more <input type="checkbox"/>		
And for how many months would you be willing to commit that amount of time? 2 <input type="checkbox"/> 3 to 5 <input checked="" type="checkbox"/> 6 or more <input type="checkbox"/>		
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: Caucasian African American Hispanic Asian Other
 Sex: Male Female Age: 35 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

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 the Leon County community for over a decade now and don't feel that I have contributed to it in a manner fitting for one who has received many benefits afforded here. Therefore, I am offering my time and knowledge for purposes of helping in the areas of economic development and improved opportunities for our youth and minority communities. I have practiced law in Leon County since 1999 and currently work for a well-established not-for-profit organization that serves local governments throughout Florida. I received a portion of my post-secondary education in this community. I am an African-American male and single parent raising two children in this community. Based on my day-to-day personal and professional responsibilities, I am aware of the concerns facing many different sectors of the Leon County community and feel that I can contribute productive energy to any group focused on bettering the lives of our citizens. For these reasons, I submit this application for service.

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

Name: Patti Hilaman Telephone: 850-222-9684

Address: P.O. Box 1757 Tallahassee FL 32302

Name: _____ Telephone: _____

Address: _____

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 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