# 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: Sandra Robinson | Date: 8/31/2010

Home Phone: 850-668-0071 | Work Phone: 850-386-9200 | Email: srobinson@agfgroup.org

Occupation: Executive Director | Employer: American Guaranty Fund Group

Please check box for preferred mailing address.
Work Address: P O Box 15159

City/State/Zip: Tallahassee, FL 32317

Home Address: 145 Meridian Hills Road

City/State/Zip: Tallahassee, FL 32312

Do you live in Leon County? X Yes No If yes, do you live within the City limits? Yes X No
Do you own property in Leon County? X Yes No If yes, is it located within the City limits? Yes X No

For how many years have you lived in and/or owned property in Leon County? 22 years

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

1st Choice: Audit Committee 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:

Culture and Arts ___ Environmental/ Growth Management ___ Health Care ___ Human Relations ___
Human Services ___ Housing ___ Library Services ___
Other Areas _____

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

If Yes, on what Committee(s) have you served? Audit Committee

How many days per month would you be willing to commit for Committee work? X 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 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: _____ Disabled? Yes X No

District _____

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.

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

Name: Jim English Telephone: 891-0000

Address: _____

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 FOLLOWING QUESTIONS, YOU MUST COMPLETE THE ORIENTATION PUBLICATION www.leoncountyfl.gov/bcc/committees/training.asp BEFORE YOUR APPLICATION IS DEEMED COMPLETE.

Have you completed the Orientation? Yes No
Are you willing to complete a financial disclosure form and/or a background check, 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? Yes X 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? Yes X 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 X No
If yes, please explain _____

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

Signature: Sandra Robinson

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

by email: coblec@leoncountyfl.gov

# SANDRA J. ROBINSON
Certified Public Accountant

## EDUCATION:

Florida State University; Bachelor of Science – Accounting (Summa cum laude)

## PROFESSIONAL EXPERIENCE:

Chief Financial Officer/Chief Operating Officer – American Guaranty Fund Group, Tallahassee, Florida; Responsible for all administrative areas of the Florida Workers' Compensation Insurance Guaranty Association and the Florida Insurance Guaranty Association under a joint management agreement. (2004 – Present)

Chief Financial Officer – Florida Workers' Compensation Insurance Guaranty Association, Tallahassee, Florida; Responsible for human resource and accounting functions including internal and external financial reporting. Liaison to both the Investment and Audit Committees of the Board of Directors. Responsible for preparation of annual budget and monthly cash forecasts, the annual assessment of members and the accounting and reporting by the Third Party Administrators. (1997 – 2004)

Vice President & Controller – Associated Industries of Florida, Tallahassee, Florida; Responsible for financial reporting for the Association and its related entities including Associated Industries Insurance Company. Financial duties include financial statement preparation, statutory reporting, supervision of accounting staff, tax return preparation, oversight of annual audit, and budget preparation. Responsible for all aspects of human resources and employee benefits administration from 1994–1996 (1991–1997)

Staff Accountant – Ernst & Young, Tallahassee, Florida
Performed audits and prepared financial statements for public and governmental organizations. (1989 – 1991)

Office Manager – Ed Morse Chevrolet, Lauderhill, Florida
Supervised staff of 17 in all accounting and clerical functions including accounts receivable, payables, payroll, billing, bookkeeping and cashiering. Prepared monthly financial reports. (1984 – 1987)

Personnel Office Manager – Broward County Sheriff's Office
Supervised staff responsible for recruiting, screening, testing and hiring new employees and maintaining employee records. Assisted in preparation of annual budget and administered EEO plan and prepared staff studies and reports as requested. (1973–1979)

## ORGANIZATIONS AND ACTIVITIES:

Board of Directors, National Conference of Insurance Guaranty Funds
(Executive Committee, Investment Committee – Chair, Budget Committee, Special Dues Committee, various Coordinating Committees)
American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants (Committee Member)
Leon County (Florida) Audit Committee
Partners in Excellence – Finance Chairman (1989 – 1997)
Co-authored book published by Charles C. Thomas (1981)