

ADVISORY COMMITTEE APPLICATION FOR BOAF

Attachment # 12
Page 1 of 2

<p style="text-align: center;">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: Charles J. F. Schreiber, Jr.		Date: 07/31/10
Home Phone: 577-9450	Work Phone: 222-8121	Email: cjschreiber@mcconnaughhay.com
Occupation: Attorney	Employer: McConnaughay, Duffy, Coonrod, Pope & Weaver, P.A.	
Please check box for preferred mailing address.		
<input checked="" type="checkbox"/> Work Address: 1709 Hermitage Boulevard, suite 200, Tallahassee, Florida 32301		
City/State/Zip:		
<input type="checkbox"/> Home Address		
City/State/Zip:		
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 checked="" type="checkbox"/> Yes <input 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>21/10</u> years		
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference Enterprise Zone Development Agency Board of Commissioners		
1st Choice: _____ 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? <u>depends</u> to 5 <input type="checkbox"/> 6 or more <u>depends</u>		
What time of day would be best for you to attend Committee meetings? <input type="checkbox"/> Day <input checked="" 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>51</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@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 a B.A. and M.A. Public Administration; and J.D.
I am actively involved in the CHSP CRTs for about a decade.
I am not seeking to sit on a committee but applying to sit on the Enterprise Zone Development Agency Board of Commissioners as a "resident residing in the zone".

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

Name: Glenda Thornton Telephone: 222-1020
Address: 401 East Virginia Street Tallahassee Fl.32301

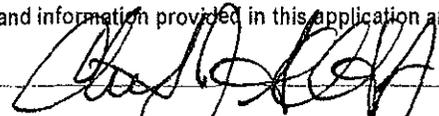
Name: _____ Telephone: _____
Address: _____

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 but we are retained by FACT on matters for counties.
- 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