

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 Applications will be discarded if no appointment is made after two years.</p>		
Name: Don Abel		Date: 9/16/2010
Home Phone: 509-4390	Work Phone: 576-4990	Email: dabel76@yahoo.com
Occupation: Creative Svcs Director		Employer: WTLH FOX 49 TV
<p>Please check box for preferred mailing address.</p> <p>Work Address:</p> <p>City/State/Zip:</p>		
<p><input checked="" type="checkbox"/> Home Address: 1408 Devonshire Ct</p> <p>City/State/Zip: Tallahassee, FL 32317</p>		
<p>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</p> <p>Do you own property in Leon County? <input checked="" type="checkbox"/> Yes No If yes, is it located within the City limits? Yes <input checked="" type="checkbox"/> No</p> <p>For how many years have you lived in and/or owned property in Leon County? <u>31/22</u> years</p>		
<p>Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference</p> <p>1st Choice: <u>JR Alford Greenway Citizen's Advisory Committee</u> 2nd Choice:</p>		
<p>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:</p> <p>Culture and Arts <input checked="" type="checkbox"/> Environmental/ Growth Management <input type="checkbox"/> Health Care <input type="checkbox"/> Human Relations <input type="checkbox"/> Human Services <input type="checkbox"/> Housing <input type="checkbox"/> Library Services <input type="checkbox"/> Other Areas _____</p>		
<p>Have you served on any previous Leon County committees? <input checked="" type="checkbox"/> Yes No</p> <p>If Yes, on what Committee(s) have you served? <u>Alford Greenway Citizen's Advisory Comm. (pre-opening)</u></p>		
<p>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 checked="" type="checkbox"/> 3 to 5 <input type="checkbox"/> 6 or more <input type="checkbox"/> What time of day would be best for you to attend Committee meetings? Day <input checked="" type="checkbox"/> Night <input type="checkbox"/></p>		
<p>(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.</p> <p>Race: <input checked="" type="checkbox"/> Caucasian African American Hispanic Asian Other Sex: <input checked="" type="checkbox"/> Male Female Age: _____ Disabled? Yes XNo District <u>5</u></p> <p style="text-align: center;">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</p>		

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: _____ Telephone: _____

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? 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 _____
- 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
by mail: Christine Coble, Agenda Coordinator
Leon County Board of County Commissioners
301 South Monroe Street
Tallahassee, FL 32301

by email: coblec@leoncountyfl.gov

Don Abel (b:Champaign, Il. 5/6/58)
Wife: Sarah(Sally), married 22 yrs.
Children: Julian 19yrs, Katherine(Katie) 15yrs

Creative Services Director/Program Mgr, FOX 49 5/98-current
Member- Promax 11/98-2003
Program and Operations Director, FOX 49 4/92-4/98
Operations Manager, FOX 49 5/89-3/92
Master Control Operator, FOX 49 3/89-4/89

Oper. Mgr/Senior Master Control Op, W17AB/WCTV 10/86-2/89
Lighting Director/Stage Tech., Musical Moon 5/85-9/86
Stage and Lighting Tech., Talla/Leon Cty Civic Center, 3/81-12/90
Unemplymnt Case Analyst, State Of Fl./Dept. Of Labor, 5/80-3/85

Attended Tallahassee Community College 1980-82.

Member-Buck Lake Alliance 1998-2009
Asst. coach Capital Soccer Assoc. 2003
Advisory Board-JR Alford Greenway 2004-05
Volunteer Tallahassee Turkey Trot 2003-2010
Member-Media subcommittee United Way of Big Bend.

Hobbies: Hiking, gardening, bird-watching, traveling, golf, fishing,
music, watching television.