

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: Ken Foster		Date: 8/22/2010
Home Phone: 850.544.5040	Work Phone: 850.544.5040	Email: 4kenfoster@gmail.com
Occupation: Entrepreneur	Employer: Self	
Please check box for preferred mailing address.		
<input checked="" type="checkbox"/> Work Address: 213 Crest Street City/State/Zip: Tallahassee Florida		
<input checked="" type="checkbox"/> Home Address 213 Crest Street City/State/Zip: Tallahassee		
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 checked="" type="checkbox"/> 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 in and/or owned property in Leon County? <u>15+</u> years		
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference		
1st Choice: <u>Alford Greenway</u> 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 <input 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 _____		
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 type="checkbox"/> 1 <input checked="" 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? <input type="checkbox"/> 2 <input type="checkbox"/> 3 to 5 <input checked="" type="checkbox"/> 6 or more		
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: <input 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>49</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@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.

President, Tallahassee Mountain Bike Association – Committee for a Bikeable Community – Executive Director, Bicycle Tallahassee. KCCI Catalysts 2010/2011

Skilled consensus builder with the ability to see issues and solutions from all perspectives. I have participated with many land managers in the care and maintenance of their areas of responsibility. Including work with Chuck Goodheart, City of Tallahassee, Jim Schmid US Forest Service and State Forest Lands.

I hold an active Real Estate Brokers License, effective in Leon County since 2002.

I regularly use the Alford Greenway on foot and by bicycle with my family and friends. The Alford Greenway is a unique property, sharing in the care and guidance of such a property would be immensely rewarding.

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

Name: Mike Rupp Telephone: 850.545.8020

Address: 602 McDaniel Street Tallahassee FL 32303

Name: Line Clay Telephone: 850.570.1650

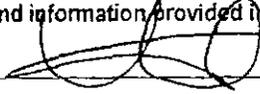
Address: 4434 Meandering Way Tallahassee Florida 32308

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:  8/22/2010

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