

ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT of 2

<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: Teresa Stallings		Date: 9/17/2010	
Home Phone: 850-933-2278	Work Phone: 850-617-3209	Email: tastallings@hotmail.com	
Occupation: Office Operations Manager		Employer: Dept of Highway Safety & Motor Vehicles	
Please check box for preferred mailing address.			
<input type="checkbox"/> Work Address: 2900 Apalachee Parkway MS 38 City/State/Zip: Tallahassee, FL 32399			
<input checked="" type="checkbox"/> Home Address: 1900 Centre Pointe Blvd Apt 291 City/State/Zip: Tallahassee, FL 32308			
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, is it located within the City limits? <input type="checkbox"/> Yes <input 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: JR Alford Greenway Citizens Advisory 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 <u>X</u> Health Care ___ Human Relations ___ Human Services ___ Housing ___ Library Services ___ 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 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 type="checkbox"/> Male <input checked="" type="checkbox"/> Female Age: _____ Disabled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

As a Leon County resident and a board member of Southern Trail Riders I believe it is my duty to participate on the Advisory Committee for the JR Alford Greenways. I am an avid horsewoman who uses the Alford Arms Greenway and the Miccosukee Greenway. I want to see that the rights of equestrians are protected along with the rights of other users and the greenways are used in the manner they are intended and protected as a vital part of our heritage.

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

Name: Glenda Rabby \_\_\_\_\_ Telephone: 850-562-2053 \_\_\_\_\_  
Address: 2636 Lucerne Dr. Tallahassee, FL 32303 \_\_\_\_\_

Name: Sue Noyes \_\_\_\_\_ Telephone: 850-893-0277 \_\_\_\_\_  
Address: 5800 Veterans Memorial Hwy Tallahassee, FL 32309 \_\_\_\_\_

**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](http://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](mailto:coblec@leoncountyfl.gov)