

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: Linda Vause		Date: 9-16-10
Home Phone: 668.2395	850 544 1900	Email: paulandlinda@embarqmail.com
Occupation: Personal Assistant	Employer: Self-Employed	
Please check box for preferred mailing address.		
Work Address: Same as home		
City/State/Zip:		
Home Address 8501 Veterans Memorial Dr.		
City/State/Zip: Tallahassee, FL 32309		
Do you live in Leon County? Yes If yes, do you live within the City limits? No		
Do you own property in Leon County? Yes If yes, is it located within the City limits No		
For how many years have you lived in and/or owned property in Leon County? <u>24</u> years		
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference		
1st Choice: <u>J. R Alford Arm Greenway Citizens Advisory Committee</u> 2nd Choice: <u>Miccosukee Canony Road Greenway Citizens Advisory Committee</u>		
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? Yes		
If Yes, on what Committee(s) have you served? <u>J. R Alford Arm Greenway Citizens Advisory Committee</u>		
How many days per month would you be willing to commit for Committee work? <u>4</u>		
And for how many months would you be willing to commit that amount of time? <u>6 or more</u>		
What time of day would be best for you to attend Committee meetings? <u>Night</u>		
<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><input type="checkbox"/> Race: Caucasian Female Age: <u>47</u> Disabled? No</p> <p>District <u>4</u></p>		
<p>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. I am a member of the Southern Trailriders Assoc. Incand have been for the past 12 years STA develops, maintains and promotes equestrian trails on public lands. I have worked with the US Forest Service, Fish and Wildlife Commission, State Division of Forestry and several county land mamagers.

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

Name: Sue Noyes Telephone: 892-0277

Address: 5800 Veterans Memorial Dr. Tallahassee, FL 32309

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
- Are you willing to complete a financial disclosure form and/or a background check, if applicable? Yes
- Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? No If yes, from whom? _____
- Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? no Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? No If yes, please explain _____
- Do you or your employer, or your spouse or child or their employers, do business with Leon County? 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? No If yes, please explain _____

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

Signature: Linda Vause

Please return Application
by mail: Christine Coble, Agenda Coordinator by email: coblec@leoncountyfl.gov
Leon County Board of County Commissioners
301 South Monroe Street Tallahassee, FL 32301