

ADVISORY COMMITTEE APPLICATION FOR BOARD A

Attachment # 18
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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.



Name: Debra Weeks Date: 10/12/2010

Home Phone: 321-5333 Work Phone: 576-4073 Email: dweeks@bondchc.com

Occupation: Chief Administrative Officer Employer: Bond Community Health Center, Inc.

Please check box for preferred mailing address.

Work Address: 1720 South Gadsden Street
City/State/Zip: Tallahassee, Florida 32301

Home Address: 2350 Phillips Road #2109
City/State/Zip: Tallahassee, Florida 32301

Do you live in Leon County? Yes No If yes, do you live within the City limits? Yes No
Do you own property in Leon County? Yes No If yes, is it located within the City limits? Yes No
For how many years have you lived in and/or owned property in Leon County? 2 years

Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference
1st Choice: Big Bend Health Council, Inc. 2nd Choice: Leon County Human Relations Advisory Committee

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 Health Care Human Relations
Human Services Housing Library Services
Other Areas _____

Have you served on any previous Leon County committees? Yes No
If Yes, on what Committee(s) have you served? _____

How many days per month would you be willing to commit for Committee work? 1 2 to 3 4 or more
And for how many months would you be willing to commit that amount of time? 2 3 to 5 6 or more
What time of day would be best for you to attend Committee meetings? Day 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: Caucasian African American Hispanic Asian Other
Sex: Male Female Age: 50 Disabled? Yes 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. Debra Weeks, MSW, Chief Administrative Officer at the Bond Community Health Center, Inc., has over 26 years of Executive Leadership experience as CEO, President and Vice Presidential expertise and ability in non-profit and government-managed healthcare and social services organizations. My background in healthcare planning and management specifically highlights operations development, strategic planning, total quality improvement and personnel management, community relations and problem solving. I am touted to be an effective leader who communicates well and an expert in development, troubleshooting, profitability improvement, organizational re-structuring, and securing funds. Developing staff for success, while providing services with cultural sensitivity and understanding, and possessing a strong work ethic is not an option for me, but an absolute.

I have a proven record of increasing profitability while decreasing operational costs, and have been responsible for re-organizing departments, programs, and agencies to improve efficiency, efficacy and client / patient services. Further, I have a record of success in fast-paced, challenging environments. I will offer my years of working experience, strong sense of morals and integrity.

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

Name: Erica Davis Telephone: 850-567-1045

Address: 2226 Woodlawn Drive, Tallahassee, Florida 32303

Name: Brenda Commissiong Telephone: 407-394-6652

Address: 14073 Wild Majestic Street, Orlando, Florida 32828

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: Debra Weeks

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

by email: