

# ADVISORY COMMITTEE APPLICATION FOR BOARD

<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: Terri Messler		Date: 9-17-10
Home Phone: 850-656-9053	Work Phone: 850-245-2139	Email: Terri.Messler@dep.state.fl.us
Occupation: ADA Compliance and Safety		Employer: DEP – Florida Park Service
Please check box for preferred mailing address.		
<input type="checkbox"/> Work Address: 3900 Commonwealth Blvd. MS 535		
City/State/Zip: Tallahassee, FL 32399		
<input checked="" type="checkbox"/> Home Address: 9171 Ravena Road		
City/State/Zip: Tallahassee, FL 32309		
* Please use this address for mailing address.		
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Do you own property in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, located within the City limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
For how many years have you lived in and/or owned property in Leon County? <u>39</u> years		
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference		
1st Choice: <u>J. R. Alford Greenways Citizen's Advisory Committee</u>		
2nd Choice: <u>Micosukee Canopy Road Greenways Citizen's 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 ___ Health Care ___ Human Relations ___		
Human Services ___ Housing ___ Library Services ___		
Other Areas _____		
Have you served on any previous Leon County committees? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, on what Committee(s) have you served? <u>Apalachee Parkway Regional Park Planning Committee</u>		
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: <u>50</u> Disabled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
District <u>4</u>		

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.

I previously served on the Leon County Apalachee Parkway Regional Park Planning Committee. I have served on numerous committees with the Florida Recreation and Park Association. I have a Master's Degree in Recreation and Park Administration from FSU and a Bachelor's Degree in Child Development/Family Relations, also from FSU. I am a Certified Park and Recreation Professional through the National Recreation and Park Association since 1987. I am involved with Boy Scout Troop 44, Lincoln High School Band Boosters, Blessed Sacrament Church Choir and other church ministries. I am interested in preserving the beautiful natural and cultural resources of Leon County for the outdoor recreation enjoyment of our citizens and visitors.

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

Name: Eleanor Warmack Telephone: 850-878-3221  
Address: 411 Office Plaza Drive, Tallahassee, FL 32301

Name: Barbara MacDonald Telephone: 850-877-0023  
Address: 9187 Ravena Road, 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: Terri Messler 9-17-10

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)