

ADVISORY COMMITTEE APPLICATION FOR BOARD

Attachment # 36
Page 1 of 2

<p style="text-align: center;">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</p> <p style="text-align: center;">Applications will be discarded if no appointment is made after two years.</p>		
Name: Brian Corbin		Date: 8/5/2010
Home Phone: 383-1361	Work Phone: 383-1361	Email: brirun@comcast.net
Occupation: self-employed		Employer: High Touch High Tech
<p>Please check box for preferred mailing address.</p> <p><input type="checkbox"/> Work Address:</p> <p>City/State/Zip:</p>		
<p><input type="checkbox"/> Home Address 3432 Robinhood Road</p> <p>City/State/Zip: Tallahassee, FL 32312</p>		
<p>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</p> <p>Do you own property in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it located within the City limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>For how many years have you lived and/or owned property in Leon County? <u>13</u> years</p>		
<p>Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference</p> <p style="text-align: center;">1st Choice: J.R. Alford Greenway Management Plan 2nd Choice: Miccosukee Greenway Management Plan</p>		
<p>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:</p> <p>Human Services <input type="checkbox"/> Housing <input type="checkbox"/> Health Care <input type="checkbox"/> Science <input type="checkbox"/> Library Services <input type="checkbox"/> Growth Management <input type="checkbox"/> Tourist Development <input type="checkbox"/> Transportation <input type="checkbox"/> Bicycle/Pedestrian <input type="checkbox"/> Parks & Recreation <input checked="" type="checkbox"/> Code Enforcement <input type="checkbox"/> Other Areas _____</p>		
<p>Have you served on any previous Leon County committees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, on what Committee(s) have you served? _____</p>		
<p>How many days per month would you be willing to commit for Committee work? <input type="checkbox"/> 1 <input type="checkbox"/> 2 to 3 <input checked="" type="checkbox"/> 4 or more</p> <p>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</p> <p>What time of day would be best for you to attend Committee meetings? <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night</p>		
<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>Race: <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other</p> <p>Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Age: <u>43</u> Disabled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p style="text-align: center;">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 worked with Leon County Parks and Recreation to complete the running portion of Apalachee Regional Park. During this process, I helped to work through compromises with the county and private groups that had a stake in the development of the park. I still work closely with the county on the continued development of the property. I am a frequent user of both the Miccosukee and J.R. Alford Greenways and am familiar with the properties. I have a degree in Chemistry from Morehead State University in Kentucky. I am self employed and am president of High Touch High Tech, providing hands-on science lessons for elementary and middle school students in North Florida and South Georgia. I've been at this position for 15 years.

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

Name: Pat Plocek Telephone: 850-606-1470

Address: 2280 Miccosukee Road, Tallahassee, FL 32308

Name: Dean Richards Telephone: 850-606-1477

Address: 2280 Miccosukee Road, Tallahassee, FL 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 QUESTIONS BELOW, YOU MUST COMPLETE AN ORIENTATION BEFORE YOUR APPLICATION IS DEEMED COMPLETE.

Have you completed the Orientation? Yes ~~Yes~~ **No**

Are you willing to complete a financial disclosure form, if applicable? ~~Yes~~ **Yes** No

Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? Yes ~~No~~ **No** If yes, from whom? _____

Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? ~~Yes~~ **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~~ **No** If yes, please explain _____

Do you or your employer, or your spouse or child or their employers, do business with Leon County? Yes ~~Yes~~ **No**
 If yes, please explain I work with Leon County Schools along with other school districts in the area.

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~~ **No**
 If yes, please explain _____

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

Signature: 