

ADVISORY COMMITTEE APPLICATION FOR B1

<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 Applications will be discarded if no appointment is made after two years.</p>	
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Name: <u>Zoe Kulakowski</u>	Date: <u>10-20-10</u>
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Home Phone: <u>942-2326</u>	Work Phone: <u>245-8982</u>	Email: <u>zoe.kulakowski@dep.state.fl.us</u>
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Occupation: <u>Geologist</u>	Employer: <u>FDEP</u>
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Please check box for preferred mailing address.

Work Address:

City/State/Zip: _____

Home Address 1320 Blockford Ct. W

City/State/Zip: Tallahassee FL 32317

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? 30+ years

Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference

1st Choice: Greenway Management End 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 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: _____ 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.

I am a Florida Registered Professional Geologist and active issues that have the potential to affect our local quality of life. I have been a member of Buck Lake Alliance since it was formed & have served on its Board. I'd like to serve on the Greenway Committee to provide input into the experience citizens have when visiting.

References (you must provide at least one personal reference who is not a family member):
 Name: Diane Pickett Telephone: 222-6446 Ext 265
 Address: 1213 Lucy Street, Tallahassee, FL 32308

Name: Ligia Mora-Applegate Telephone: 245-8992
 Address: 3428 Clifton Drive, 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 BEFORE YOUR APPLICATION IS DEEMED COMPLETE.

- Have you completed the Orientation? 9 Yes 9 No ?
- Are you willing to complete a financial disclosure form and/or a background check, if applicable? 9 Yes 9 No
- Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? 9 Yes 9 No If yes, from whom? _____
- Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? 9 Yes 9 No
- Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? 9 Yes 9 No If yes, please explain _____
- Do you or your employer, or your spouse or child or their employers, do business with Leon County? 9 Yes 9 No
 If yes, please explain I am sure FDEP has business with Leon County, but I am not involved.
- 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? 9 Yes 9 No
 If yes, please explain _____

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

Signature: Zoe P. Kulakowski

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