

# ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

<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>		
Name:- Joseph D. Barnett		1/27/11
850-894-6992	850-216-1369	jdbarnettgums@hotmail.com
Periodontist	Self/Dozier partner	
<p><b>Please check box for preferred mailing address.</b></p> <p><input type="checkbox"/> Work Address: 2929A Capital Medical Blvd; Tallahassee FL 32308</p> <p>City/State/Zip:</p>		
<p><input type="checkbox"/> Home Address 3224 Horseshoe Trail; Tallahassee, FL 32312</p> <p>City/State/Zip:</p>		
<p><b>Yes. I live in Leon County.</b></p>		
<p><b>Community Health Coordinating Committee</b></p>		
<p><b>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:</b></p> <p>Culture and Arts ___ Environmental/ Growth Management <u>x</u> Health Care <u>x</u> Human Relations ___                  Human Services ___ Housing ___ Library Services ___                  Other Areas _____</p>		
<p><b>Have you served on any previous Leon County committees?      Yes</b></p>		
<p><b>If Yes, on what Committee(s) have you served? <u>Water Resources Committee</u></b></p>		
<p><b>How many days per month would you be willing to commit for Committee work? <u>1</u></b></p> <p><b>And for how many months would you be willing to commit that amount of time? <u>6 or more</u></b></p> <p><b>What time of day would be best for you to attend Committee meetings?      <input type="checkbox"/> Night</b></p>		
<p><b>(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.</b></p> <p>Race:      Caucasian                  Sex:      Male                      Age: <u>56</u>                      Disabled?      No                  District <u>  Brian Desloge</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 passionate about preventive health care. I have been a dentist for 20 years in the Navy and 11 years in Tallahassee as Board Certified Periodontist in clinical practice, currently Past President of the Leon Dental Association, and reviewing malpractice cases for the State Dept of Health. I have had healthcare from college clinic, worked in a hospital during dental school, was part of military healthcare system at Bethesda Naval Medical Center and numerous other facilities, have had VA care, and currently am a patient and part of the civilian healthcare system.

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

Name: Dr. John Dozier Telephone: 850-878-0414  
Address: 2929A Capital Medical Blvd; Tallahassee, FL 32308

Name: Dr. Glen Beck Telephone: 850-656-2636  
Address: 2929B Capital Medical Blvd; 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 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 for Water Resources 2004?

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: Joseph D. Barnett

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)