

# ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

<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: <b>Dr. Melvena N. Wilson</b>		Date:
Home Phone: 352-219-0402	Work Phone:	Email: <b>mjwilson@ufl.edu</b>
Occupation: <b>Health Educator</b>		Employer: <b>Florida A&amp; M University</b>
Please check box for preferred mailing address.		
<input type="checkbox"/> Work Address:		
City/State/Zip:		
<input type="checkbox"/> Home Address <b>126 Whetherbine Way, West</b>		
City/State/Zip: <b>Tallahassee, FL 32301</b>		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
For how many years have you lived in and/or owned property in Leon County? <u>7/5</u> years		
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference		
1st Choice: <u>Community Health Coordinating Committee - Member @ Large</u> 2nd 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 <input type="checkbox"/> Human Relations ___		
Human Services ___ Housing ___ Library Services ___		
Other Areas _____		
Have you served on any previous Leon County committees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If Yes, on what Committee(s) have you served? _____		
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		
And for how many months would you be willing to commit that amount of time? <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 to 5 <input 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 type="checkbox"/> Caucasian <input checked="" 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>33</u> Disabled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

Melvena Wilson is a Certified Health Education Specialist (CHES). She received her undergraduate and master degrees (BS in Health Science Education and Master of Public Health) from the University of Florida, and completed her doctorate in Public health degree (DrPH) at Florida A&M University. She is a member of SOPHE, APHA and is certified by the Florida Department of Health to administer HIV Counseling and Testing, is a certified Red Cross CPR trainer and American Safety and Health Institute (ASHI) Instructor. Recently Dr. Wilson, created the Center for Advocacy and Research on Health Equity (CARHE), under which she provides Health Education and Outreach, Research on childhood obesity and minority health issues. Dr. Wilson is a proud (life) member of Zeta Phi Beta Sorority, Inc. as serves under the Chi Theta Zeta chapter here in Tallahassee. Dr. Wilson volunteers locally through Zeta's ZHOPE program, and whenever needed by community leaders to educate the public on various health

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

Name: Dr. Ivette Lopez Telephone: 850-412-5495

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**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: Wilson, Melvena N

Digitally signed by Melvena Wilson, DN: cn=Wilson, o=Leon County Board of County Commissioners, email=melvena.wilson@leoncountyfl.gov, c=US

**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)