

ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT 1 of 2

<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: Julius J. Wiggins		Date: <u>9/23/10</u>	
Home Phone: 850-602-2685	Work Phone: 850-576-3105	Email: <u>juliusjwiggins@gmail.com</u>	
Occupation: Program Manager		Employer: Bethel Community Development Corporation	
Please check box for preferred mailing address.			
<input checked="" type="checkbox"/> Work Address: Bethel Community Development Corporation 501 West Orange Avenue, Tallahassee, FL 32301 City/State/Zip: Tallahassee, FL 32301			
<input type="checkbox"/> Home Address 324 Chastain Lane City/State/Zip: Tallahassee, FL 32305			
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</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 at Large</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 <input checked="" type="checkbox"/> 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? _____			
How many days per month would you be willing to commit for Committee work? <input checked="" type="checkbox"/> 1 <input 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 checked="" type="checkbox"/> 2 <input 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 checked="" type="checkbox"/> Day <input 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 checked="" type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Disabled? <input checked="" type="checkbox"/> Yes <input 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.

I am currently enrolled in the Master's in Public Health program at Florida State University. My professional experiences and my volunteer experiences have all been in the service of others, particularly in healthcare. I strongly believe that my experiences, empathy and education would bring a great deal of insight to the work of the Health Coordinating Committee. Moreover, I envision this opportunity as an extension and continuation of my community service to this local community.

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

Name: **Darryl E. Jones, Executive Director, Bethel Community Development Corp.**
Telephone: **850-528-5241**

Address: **501 West Orange Avenue, Tallahassee, FL 32301**

Name: **Dr. Martha Perryman, Professor of Health Care Management**
Telephone: **850-561-2009**

Address: **Florida A&M University**

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? 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: _____

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