

ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT 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: Carl Mahler		02-28-11	
8770318	431-5112	Carl.mahler@tmh.org	
Service Line Administrator, Behavioral Health Center, TMH		Tallahassee Memorial Hospital	
Business Address 1616 Physician's Drive Tallahassee, Florida 32308			
<input type="checkbox"/> Home Address 9601-63 Miccosukee Road City/State/Zip: Tallahassee, Florida 32309			
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 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			
For how many years have you lived in and/or owned property in Leon County? _____ years			
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference			
1st Choice: Community Health Coordinating Committee 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 checked="" 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"/> X1 <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 type="checkbox"/> 2 <input type="checkbox"/> 3 to 5 <input checked="" type="checkbox"/> X6 or more What time of day would be best for you to attend Committee meetings? <input type="checkbox"/> X 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 type="checkbox"/> X Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Disabled? <input 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 hold a Master's Degree from Florida State University in Counseling and Human Systems., and have been an administrator of mental health and substance abuse programs for approximately 37 years. I hold an active mental health counseling license in the State of Florida (MH0000885)I was a member of the Florida State Hospital Human Rights Advocacy Committee(1985), and Governor's Commission on the Status of Women(1974). I participate in Meals on Wheels, and recently completed loaned executive service with United Way Big Bend. My interest in the Community Health Coordinating Committee stems from the impact we will see as a community from federal and state budget shortfalls and service reductions.

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

Name: Linda Warmath telephone: 431-5110

Address: 1616 Physicians Drive, Tallahassee, Florida 32308

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 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: Carl Mahler

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