

ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT 2

<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: Denise Manning		Date: 12/30/10
Home Phone: 850-559-3811	Work Phone: 850-251-7356	Email: denisemanning5@hotmail.com
Occupation: Juvenile Transition coordinator / Life Coach		Employer: Department Of Juvenile Justice
Please check box for preferred mailing address.		
<input type="checkbox"/> Work Address: 1230 Blountstown Highway		
City/State/Zip: Tallahassee Florida 32304		
<input type="checkbox"/> Home Address 837 East Park Ave		
City/State/Zip: Tallahassee Florida, 32301		
Do you live in Leon County? Yes If yes, do you live within the City limits? Yes		
Do you own property in Leon County? Yes If yes, is it located within the City limits? Yes		
For how many years have you lived in and/or owned property in Leon County? <u>8</u> months		
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference		
1st Choice: <u>Minority, Women & Small Business Enterprise (M/WSBE) Committee</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 <input checked="" type="checkbox"/> Environmental/ Growth Management <input type="checkbox"/> Health Care <input type="checkbox"/> Human Relations <input type="checkbox"/>		
Human Services <input checked="" type="checkbox"/> Housing <input type="checkbox"/> Library Services <input type="checkbox"/>		
Other Areas <input type="checkbox"/> and anything dealing with homeless prevention for Leon county		
Have you served on any previous Leon County committees? <u>No</u>		
If Yes, on what Committee(s) have you served? _____		
How many days per month would you be willing to commit for Committee work? <u>4</u> or more		
And for how many months would you be willing to commit that amount of time? <u>6</u> or more		
What time of day would be best for you to attend Committee meetings? <u>Day</u> or 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: <u>Hispanic</u>		
Sex: <u>Female</u> Age: <u>31</u>		
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.

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

Name: Ms. Chelly Morris Telephone: 813-494-3436
Address: Tampa Florida

Name: _ Farrah Hamlet, Telephone: 18-710-0797
Address: __ New York, New York

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
- 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: Denise Manning

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