ADVISORY COMMITTEE APPLICATION FOR BOARD

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.

Name: Lola Brognano | Date: 04/17/11

Home Phone: 9208601938 | Work Phone: | Email: mybroggy@yahoo.com

Occupation: Social Worker | Employer: Big Bend Hospice

Please check box for preferred mailing address.
Work Address:

City/State/Zip:

X Home Address: 2004 Scenic Dr

City/State/Zip: Tallahassee, FL 32303

Do you live in Leon County? Yes If yes, do you live within the City limits? Yes
Do you own property in Leon County? No If yes, is it located within the City limits? Yes No

For how many years have you lived in and/or owned property in Leon County? 10 years

Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference

1st Choice: Status of Women and Girls 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 _x__ Human Relations ___
Human Services _x__ Housing __ Library Services __
Other Areas _____

Have you served on any previous Leon County committees? No

If Yes, on what Committee(s) have you served? _____

How many days per month would you be willing to commit for Committee work? 4 or more
And for how many months would you be willing to commit that amount of time? 6 or more
What time of day would be best for you to attend Committee meetings? 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: Caucasian
Sex: Female Age: 36 Disabled? 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 received my Masters in Social Work from FSU in 2006 and spent most of my college education focused on how women and girls were affected by political, societal and global decisions and unintended consequences of policy and law. I have also accepted leadership roles on various committees that dealt with women's issues, specific to human rights. I have always been active either voluntarily or professionally and am interested in continuing that involvement with the Commission on the Status of Women and Girls. I believe I could bring a unique outlook to the Committee, having been involved in the area of women's issues for many years, as well as my professional career as a Social Worker, in which I provide services to mostly marginalized or under-served and vulnerable populations.

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

Name: Lynn Jackson, LCSW Telephone: 214-208-9617

Address:

Name: Tracey Ferrell, RN Telephone: 850-566-7652

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? No
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: Lola Brognano

Please return Application
by mail: Christine Coble, Agenda Coordinator
Leon County Board of County Commissioners
301 South Monroe Street

by email: coblec@leoncountyfl.gov