

ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

<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: Anisa A. Aliyy		Date: 04/20/2011
Home Phone: 321-946-0109	Work Phone: 850-656-4866	Email: anisa.aliyy@healthsouth.com
Occupation: Case Manager/Social Worker		Employer: HealthSouth Rehabilitation Hospital
Please check box for preferred mailing address.		
<input type="checkbox"/> Work Address: City/State/Zip:		
<input type="checkbox"/> Home Address: 1509 Chinnapakin NeNe City/State/Zip: Tallahassee, Florida 32301		
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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, is it located within the City limits? <input type="checkbox"/> Yes <input type="checkbox"/> No For how many years have you lived in and/or owned property in Leon County? <u> 3 mos. </u> years I have recently relocated back to Tallahassee in the last 3mos. I was born and raised in Tallahassee went to college in Tallahassee and am very familiar with this community		
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference 1st Choice: <u> Commission on Status of Women and Girls </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 <input checked="" type="checkbox"/> Environmental/ Growth Management <input type="checkbox"/> Health Care <input type="checkbox"/> Human Relations <input type="checkbox"/> Human Services <input type="checkbox"/> Housing <input type="checkbox"/> Library Services <input type="checkbox"/> Other Areas _____		
Have you served on any previous Leon County committees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> 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 x 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"/> 6 or more x What time of day would be best for you to attend Committee meetings? <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night x		
(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 <input type="checkbox"/> African American x Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female x Age: <u> 31 </u> Disabled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No x 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 have a Bachelor and Masters degree in social work which has provided me with the foundation to work and assist with research involving individuals, groups and families. I am very interested in the well being and empowerment of women and young girls. I have worked in the Tallahassee and Orlando area as a youth counselor, dependency case worker in the juvenile system, foster care and domestic violence and I feel as if I would be able to work well with this targeted group.

I currently participate in cultural arts activities dancing with the African Caribbean Dance Theatre which is open to the Tallahassee Community for girls starting from age 2 through adults which provides a sense of fellowship, belonging and a fundamental for the arts and African culture. I have the ability to multi-task, I enjoy being a part of the lives of women and girls to provide guidance, resources, improve self-esteem and also provide an arena for dialogue and social change. I have participated in organizing community events such as marches and rallies with some fundraising experience. This committee would allow me to continue to share my interest in promoting the well being of women and girls.

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

Name: Charlene Morris (Professional) _____ Telephone: 813-727-0557

Address: _9105 Hickory Nut Hill Tallahassee,FL 32312_____

Name: Princilla Jefferson (personal non-family) _____ Telephone: 850-694-2274

Address: 225 Stevens Dr. Midway,Fl 32343_____

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 x**

Are you willing to complete a financial disclosure form and/or a background check, if applicable? **Yes x** No

Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? Yes **No x** If yes, from whom? _____

Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? Yes **No x**

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 x** If yes, please explain _____

Do you or your employer, or your spouse or child or their employers, do business with Leon County? Yes **No x**

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 x**

If yes, please explain _____

All statements and information provided in this application are true to the best of my knowledge.

Signature: __Anisa Aliyy, MSW_____

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