

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: Lorraine Y. Austin		Date: 04/18/11
Home Phone: 352-281-6602	Work Phone: 850-606-1912	Email: lorraineyaustin@gmail.com
Occupation: Healthcare Services Coordinator	Employer: Leon County Health and Human Services	
<p>Please check box for preferred mailing address. Work Address: 918 Railroad Avenue City/State/Zip: Tallahassee, FL 32310</p>		
<p>* Home Address: 2349 Eddie Road City/State/Zip: Tallahassee, FL 32308</p>		
<p>Do you live in Leon County? <u>Yes</u> No If yes, do you live within the City limits? Yes <u>No</u> Do you own property in Leon County? Yes <u>No</u> If yes, is it located within the City limits? Yes No</p> <p>For how many years have you lived in and/or owned property in Leon County? <u>21</u> years</p>		
<p>Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference</p> <p>1st Choice: <u>Commission on the Status of Women & Girls</u> 2nd Choice: _____</p>		
<p>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:</p> <p>Culture and Arts ___ Environmental/ Growth Management ___ Health Care ___ Human Relations ___ Human Services ___ Housing ___ Library Services ___ Other Areas _____</p>		
<p>Have you served on any previous Leon County committees? Yes <u>No</u></p> <p>If Yes, on what Committee(s) have you served? _____</p>		
<p>How many days per month would you be willing to commit for Committee work? 1 2 to 3 <u>4 or more</u> And for how many months would you be willing to commit that amount of time? 2 3 to 5 <u>6 or more</u> What time of day would be best for you to attend Committee meetings? <u>Day</u> or <u>Night</u></p>		
<p>(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.</p> <p>Race: Caucasian <u>African American</u> Hispanic Asian Other</p> <p>Sex: Male <u>Female</u> Age: <u>43</u> Disabled? Yes <u>No</u> District <u>3</u></p> <p style="text-align: center;">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</p>		

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 chose to apply for a seat on the Commission on the Status of Women and Girls because I have a special interest in issues impacting the lives of women and girls. My experience includes coordination of a summer Rites of Passage Program for at-risk girls. As member of Alpha Kappa Alpha Sorority, Inc., I have worked on community projects to benefit girls. I was also a certified Guardian ad Litem representative and worked with families in crisis. As a Service Coordinator with the Early Steps Program, I had the pleasure of working with women and children from various socioeconomic and demographic backgrounds. My past committee experience includes Mt. Pleasant UMC Leadership Council; PIPSA (Partners in Prevention of Substance Abuse); Take a Loved One to The Doctor Day; and Alachua County Health Needs Assessment. Most recently, I became a charter member of the Greater Tallahassee Section of the National Council of Negro Women. I am confident that my compassion, administrative experience, and willingness to work will prove valuable in addressing the objectives of this Commission.

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

Name: Candice Wilson Telephone: 606-1913

Address: 918 Railroad Avenue, Tallahassee, FL 32310

Name: Dr. Sadie Sanders Telephone: 352-392-0583 x1257

Address: University of Florida, P.O. Box 118210, Gainesville, FL 32611-8210

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 I am employed by Leon County; however, I do not anticipate that participation on this committee will present any conflicts.

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