

ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

| | | |
|--|--------------------------|---|
| 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: Janelle R. Baker | | Date: 4/20/2011 |
| Home Phone: 850 212-2800 | Work Phone: 850 599-3017 | Email: janelle.baker@famuedu |
| Occupation: Assistant Professor | | Employer: Florida A&M University (School of Nursing) |
| Please check box for preferred mailing address. | | |
| <input type="checkbox"/> Work Address: 223 Ware-Rhaney Bldg., Suite F City/State/Zip: Tallahassee, FL 32307 | | |
| <input checked="" type="checkbox"/> Home Address: 2295 Cumberland Drive City/State/Zip: Tallahassee, FL 32303 | | |
| Do you live in Leon County? Yes No If yes, do you live within the City limits? Yes No Do you own property in Leon County? Yes 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? <u>21</u> years | | |
| Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference 1st Choice: <u>Commission on the Status of Women and Girls</u> 2nd Choice: <u>Big Bend Health Council, Inc.</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 ___ Environmental/ Growth Management ___ Health Care <input checked="" type="checkbox"/> Human Relations <input checked="" type="checkbox"/> Human Services ___ Housing ___ Library Services ___ Other Areas _____ | | |
| Have you served on any previous Leon County committees? 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? ___ 1 <input checked="" type="checkbox"/> 2 to 3 ___ 4 or more And for how many months would you be willing to commit that amount of time? ___ 2 ___ 3 to 5 <input checked="" type="checkbox"/> 6 or more What time of day would be best for you to attend Committee meetings? ___ Day ___ Night <input checked="" type="checkbox"/> Either | | |
| (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 African American Hispanic Asian Other Sex: Male Female Age: <u>42</u> Disabled? Yes No | | |
| District <u>2</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. Please see my CV attached to this email. I am an assistant professor in the School of Nursing at Florida A&M University, I work part-time as an advanced registered nurse practitioner at the Kay Freeman Health Center providing health care to the homeless population here in Leon and surrounding counties. I have a Bachelors and Masters of Science in Nursing from Florida A&M University and a Doctor of Philosophy in nursing research from Southern University, Baton Rouge, LA. I hold a license in the state of Florida as a registered nurse and advanced registered nurse practitioner since 1993. I also hold a national certification as an adult nurse practitioner. Since becoming a resident of Leon County in 1990, I have put my hands where my heart is, service. I volunteer at the Shelter and Habitat for Humanity. I am a member of Delta Sigma Theta Sorority, Inc., where I have served as Chair of Ways and Means; Chair of Coordinating Council for National PanHellenic Council Tallahassee Chapter; Second Vice President; and currently First Vice President Elect. I coordinated the Delta GEMS (Growing and Empowering Myself Successfully) Statewide Convention here in Tallahassee this past February 2011 and we hosted over 550 young ladies from 22 Chapters of Delta Sigma Theta Sorority, Inc. I have coordinated many events and programs targeting women and girls. I will also be graduating from Leadership Tallahassee Class 28 on May 17, 2011. As a woman, I am cognizant of issue affecting women and girls from many different perspectives. As a minority I have firsthand knowledge of the many challenges we face and feel that I can close the gap by providing this vulnerable population of women and girls with the necessary tools to empower themselves to be productive citizens in our community.

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

Name: Dr. Doris Ballard-Ferguson Telephone: (850) 284-9608

Address: FAMU School of Nursing 223 Ware-Rhoney Bldg. Suite I Tallahassee, FL 32307

Name: Vince Long Telephone: (850) 606-5300

Address: Leon County Courthouse 301 South Monroe Street Tallahassee, FL 32301

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: _____

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