

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: Carrie Blanchard		Date: 04/18/2011
Home Phone: 528-5457	Work Phone: 521-1283	Email: cblanchard@flfoundation.org
Occupation: Director of Research & Public Policy	Employer: Florida Chamber of Commerce Foundation	
Please check box for preferred mailing address. Work Address: 136 S. Bronough Street City/State/Zip: Tallahassee, FL 32301		
X Home Address: 1559 Fernando Drive City/State/Zip: Tallahassee, FL 32303		
Do you live in Leon County? X Yes No If yes, do you live within the City limits? X Yes No Do you own property in Leon County? xYes No If yes, is it located within the City limits? X Yes No For how many years have you lived in and/or owned property in Leon County? 6 years 8 months		
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 ___ Human Relations ___ Human Services ___ Housing ___ Library Services ___ Other Areas _____		
Have you served on any previous Leon County committees? X Yes No If Yes, on what Committee(s) have you served? Leon County Research and Development Authority (Innovation Park)		
How many days per month would you be willing to commit for Committee work? 1 X 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 X 6 or more What time of day would be best for you to attend Committee meetings? Day X 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: X Caucasian African American Hispanic Asian Other Sex: Male X Female Age: 29 Disabled? Yes X No District 5 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.

The status of women and girls is an important societal issue and it is great to see Leon County furthering the discussion in our community through the creation of this Commission. I believe that I can contribute a set of analytic skills, knowledge of government and public policy, as well as an innate enthusiasm for the well being and development of women and girls.

Please see attached resume for professional, educational and community service profile.

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

Name: Dr. Mary Ellen Guy (former FSU professor; researcher of gender issues) Telephone: _303-315-2007
Address: University of Colorado, 1380 Lawrence Street, Suite 500, Denver, CO 80204_____

Name: _____ Telephone: _____

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? (I viewed the PPT online) 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: _____ Carrie Blanchard _____

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