

# 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: Elizabeth Goldsmith		Date: 4/18/2011
Home Phone: 878 1950	Work Phone: 644 6893	Email: egoldsmith@fsu.edu
Occupation: college professor	Employer: Florida State University	
Please check box for preferred mailing address. Work Address: 320 Sandels Building, College of Human Sciences, Call Street, FSU  City/State/Zip: Tallahassee, FL 32306		
<input checked="" type="checkbox"/> Home Address: 2987 Verdura Pt. Drive  City/State/Zip: Tallahassee, FL 32311		
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it located within the City limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  For how many years have you lived in and/or owned property in Leon County? 29 years		
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference  1st Choice: Commission on the 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? Yes <input 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? 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 or more <input type="checkbox"/> And for how many months would you be willing to commit that amount of time? 2 <input type="checkbox"/> 3 to 5 <input type="checkbox"/> 6 or more <input checked="" type="checkbox"/> What time of day would be best for you to attend Committee meetings? <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night In summer quite open as to time of day, in fall most likely 4-6 p.m. and some lunchtimes, not Friday.		
(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: <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other Sex: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Age: 61 Disabled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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.

I bring to the committee a lifelong interest in women's rights and advocacy. I was a Domestic Policy Advisor for women's and girls' economic education during the Clinton Administration and since then have presented "Women & Money" workshops around the State of Florida for the Florida Commission on the Status of Women. I was appointed to a state task force for hurricane protection (homeowners insurance) and to the Board of Trustees and as a Consumer Representative for the National Association of Insurance Commissioners. My experience including as a college professor of family financial analysis and consumer economics for 30 years at FSU, a Fulbrighter, and as a former social worker meshes well with the needs of the committee in promoting awareness of health, social services, employment, education, and most especially economic security and recovery.

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

Name: Kelly Sciba, Director, FL Commission on Status of Women Telephone: 8509143300

Address: [KellySciba@myfloridalegal.com](mailto:KellySciba@myfloridalegal.com) Office of the Attorney General, Capitol

Name: Gale Workman, FAMU Professor Telephone: 5612764 (work) 8502281867 (cell)

Address: [gale\\_workman@hotmail.com](mailto:gale_workman@hotmail.com) School of Journalism & Graphics Communications, FAMU

### **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](http://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: Elizabeth B. Goldsmith

Please return Application

by mail: Christine Coble, Agenda Coordinator

by email: [coblec@leoncountyfl.gov](mailto:coblec@leoncountyfl.gov)

Leon County Board of County Commissioners  
301 South Monroe Street  
Tallahassee, FL 32301