

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: Meghan Kelly		Date: 4/18/2011
Home Phone: 850-508-4408	Work Phone: 850-222-1041	Email: meghankelly@lisamillerassociates.com
Occupation: Government Affairs		Employer: Lisa Miller & Associates, LLC
<p>Please check box for preferred mailing address.</p> <p><input checked="" type="checkbox"/> Work Address: 331 N. Monroe Street</p> <p>City/State/Zip: Tallahassee, FL 32301</p>		
<p>Home Address: 1117 Copper Creek Court</p> <p>City/State/Zip: Tallahassee, FL 32311</p>		
<p>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</p> <p>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</p> <p>For how many years have you lived in and/or owned property in Leon County? <u>7</u> lived / <u>1</u> owned <u> </u> years</p>		
<p>Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference</p> <p>1st Choice: Commission on the Status of Women, Girls 2nd Choice: <u>Planning</u></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 <input type="checkbox"/> Environmental/ Growth Management <input type="checkbox"/> Health Care <input type="checkbox"/> Human Relations <input type="checkbox"/></p> <p>Human Services <input type="checkbox"/> Housing <input type="checkbox"/> Library Services <input type="checkbox"/></p> <p>Other Areas _____</p>		
<p>Have you served on any previous Leon County committees? Yes <input type="checkbox"/> <input checked="" type="checkbox"/> No</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 <input type="checkbox"/> <input checked="" type="checkbox"/> 2 to 3 4 or more <input type="checkbox"/></p> <p>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"/> <input checked="" type="checkbox"/> 6 or more</p> <p>What time of day would be best for you to attend Committee meetings? Day <input type="checkbox"/> <input checked="" type="checkbox"/> Night</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: <input checked="" type="checkbox"/> Caucasian African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Sex: Male <input type="checkbox"/> <input checked="" type="checkbox"/> Female Age: <u>26</u> Disabled? Yes <input type="checkbox"/> <input checked="" type="checkbox"/> No</p> <p>District _____</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.

Girl Scout Troop Leader beginning Summer 2011
Copper Creek II HOA President, November 2010-November 2011
Leymone Center for the Arts Board beginning May 2011
Refuge House Volunteer, Fall 2010 – present
March of Dimes Volunteer, 2008-2009
Memberships: Access Tallahassee, Tallahassee Network of Young Professionals, League of Women’s Voters, Tallahassee Irish Society, Florida Association of Professional Lobbyists

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

Name: Lisa Miller Telephone: (850) 528-9229

Address: 331 N. Monroe Street Tallahassee, FL 32301

Name: Kim Lake Telephone: (850) 228-253

Address: 901 Riggins Road Apt 1021 Tallahassee, FL 32308

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: *Meghan J. Kelly April 18, 2011*

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