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: Kristine Knab | Date:

Home Phone:850-893-6473 | Work Phone:385-9007 x 1007 | Email:kris@lsnf.org

Occupation: Attorney/Executive Director | Employer: Legal Services of North Florida, Inc.

Please check box for preferred mailing address.

X Work Address: 2119 Delta Boulevard

City/State/Zip: Tallahassee, Florida 32303

☐ Home Address

City/State/Zip:

Do you live in Leon County? XYes ☐ No **If yes, do you live within the City limits?** ☐Yes X No

Do you own property in Leon County? XYes ☐ No **If yes, is it located within the City limits?** ☐Yes X No

For how many years have you lived in and/or owned property in Leon County? 42 years

Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference

1st Choice: Commission on 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 X 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 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: __60_____ Disabled? ☐ Yes X No

District __4___

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 have been employed as a staff attorney in many different capacities for Legal Services of North Florida for the last 33 years, the last 17 as Executive Director. I have been actively involved in the community in a variety of ways and currently sit on the board of directors for United Partners for Human Services. I believe I have a unique perspective on the particular challenges faced by women and children living in poverty as well as those victimized by domestic and sexual violence. At the same time I am interested in promoting opportunities for professional women and for girls who will be striving to compete economically and politically in the future. I am a founding member of Oasis and have served on many committees as reflected in my attached resume. I would be honored to participate on the Commission on the Status of Women and Girls.

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

Name: Nikki Clark Telephone: 850-322-3914

Address: 7941 Preservation Way, Tallahassee, Florida

Name: Javan Ferguson Telephone: 850-509-5535

Address:2337 Vinkara Drive, Tallahassee, Florida 32303

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? x Yes ☐ No
Are you willing to complete a financial disclosure form and/or a background check, if applicable? x Yes ☐ No
Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? ☐ Yes x No If yes, from whom? _____
Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? ☐ Yes xNo
Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? ☐ Yes x No If yes, please explain _____
Do you or your employer, or your spouse or child or their employers, do business with Leon County? xYes ☐ No
If yes, please explain LSNF receives funds from the County to represent indigent citizens.

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 xNo
If yes, please explain LSNF has a contract with the County but I don't believe it would create any conflict with regard to my participation ._____

All statements and information provided in this application are true to the best of my knowledge.

Signature: [signature]

Please return Application
by mail: Christine Coble, Agenda Coordinator by email: coblec@leoncountyfl.gov

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