

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: Stephanie R. Land		Date: 4/18/2011
Home Phone: 509-0883	Work Phone: 921-6346	Email: jcsland2@gmail.com
Occupation: Sr. Auditor	Employer: Florida Department of Juvenile Justice	
Please check box for preferred mailing address.		
Work Address:		
City/State/Zip:		
Home Address: 2977 N. Settlers Blvd.,		
City/State/Zip: Tallahassee, FL 32303		
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? _____ years		
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference		
1st Choice: Commission of 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 2 to 3 <input checked="" type="checkbox"/> 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? <input checked="" type="checkbox"/> Day <input type="checkbox"/> 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: <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: __44__ Disabled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
District __3__		
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.

Education:
BA- Criminology

Skills and Experience to contribute to a Committee:
As an auditor for DJJ I performed an audit for gender-specific programming and services in Residential programs. I'm a mother of a teenage daughter and a former foster mother of a little girl for over 2 years.

Charitable or Community Activities participated in:
Member of Oak City Assembly of God Church; volunteer at Sail High School;
Served three years as the Stars Middle School PVO President- fundraising, monthly meetings, parent recruitment, finances, committee organizer for dances, field days, special events.

Reasons for choice of the Committee:
I am very interested in the topic of Women and Girls. I feel it is necessary to promote a culture that celebrates and values women and girls achievements.

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

Name: Lani Fraser Telephone: 251-3675 or 561-5622
Address: 2812 Sweet Briar, Tallahassee, FL 32308

Name: Eileen McLoughlin Telephone: 850-251-9675 or 901-355-4437
Address: P. O. Box 483, Collierville, TN 38027

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: Stephanie R. Land_____

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