

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: Lynette Moriak		Date: 04/19/11
Home Phone: (850) 694 - 0112	Work Phone: (850) 523-3333 ext. 4564	Email:lynette.moriak@gmail.com
Occupation: Clinical Program Director (social worker)	Employer: Apalachee Center	
Please check box for preferred mailing address. Work Address: 2634 Capital Circle NE – C City/State/Zip: Tallahassee, Florida 32308		
Home Address: 4024 Elder Lane City/State/Zip: Tallahassee, Florida 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, is it located within the City limits? <input 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 on the Status of Woman and Girls 2nd Choice: Human Services Grant Review Committee		
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 checked="" type="checkbox"/> 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 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 or more And for how many months would you be willing to commit that amount of time? 2 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 or more What time of day would be best for you to attend Committee meetings? Day <input type="checkbox"/> Night <input checked="" type="checkbox"/>		
(<i>OPTIONAL</i>) 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 African American Hispanic Asian Other Sex: Male <input checked="" type="checkbox"/> Female Age: 29 Disabled? Yes <input checked="" type="checkbox"/> No District 2B 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 my Master in Social Work and am employed at the Executive Director of 8th Hill Clubhouse and the Clinical Program Director of the Children's Program at Apalachee Center. I participate and am a member of the following community meetings: Franklin County Coalition for Youth Meeting, Bullying Taskforce, Big Bend Mental Health Coalition, Challenge group, "Be the teacher" taskforce, child welfare integration team, Whole Child Leon, Community Action Team Meeting, Independent Living Coordinator Meeting, Department of Juvenile Justice Brown Bag Lunch, Red Cross Crises Response Team, The Children's Forum, The Children's Movement of Florida, Infant Mental Health Meeting, Closing the Loop (Child Welfare), Community Partners Strategic Meeting, Meeting on Childhood Homelessness, and the Trauma, Grief, and Loss Coalition for Youth Meeting.

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

Name: Heather Farineau

Telephone: (772) 334-7437

Address: _____

Name: Kristi Williams

Telephone: (850) 570-5984

Address: 465 Richie Park Circle West; Tallahassee, Fl 32301

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: Lynette Moriak

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