

ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

<p>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>	
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Name: Rita C. Taylor	Date: 04/18/2011
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Home Phone: 443-3585	Work Phone: 891-5450	Email: taylorsr2@embarqmail.com
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Occupation: Manager	Employer: City of Tallahassee
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Please check box for preferred mailing address.

Work Address:

City/State/Zip:

Home Address: 9528 Buck Haven Trail

City/State/Zip: Tallahassee, Florida 32312

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

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

For how many years have you lived in and/or owned property in Leon County? 10 years

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

1st Choice: 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 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 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 6 or more

What time of day would be best for you to attend Committee meetings? Day 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: Caucasian African American Hispanic Asian Other

Sex: Male Female Age: 54 Disabled? Yes 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.

- No previous experience on an Advisory Committee for Leon County. However, throughout my career as the director of Human Resources and Administrative Services Manager, I have worked in such a capacity.
- B.S in Sociology, minor in Psychology
- Contribution of skills & experience to committee: Self Sufficiency, Health & Safety, Leadership, Family Issues
- Professional designations: Certified PHR (Professional Human Resources) - 2002, Notary Public – 2009(both are effective in Leon County)
- Community Activities: Daughters of Sarah Allen, an outreach ministry for disadvantage and at risk girls between the ages of 6 – 18.
- Reasons for choosing this Committee: I want to contribute and be a part of the improvement of the lives of women and girls by improving the infrastructure of Leon County to provide local programs and initiatives that address the root causes of social issues impacting women and girls in Leon County. I believe all females have the inherent ability to be skilled, independent, self-sufficient, and healthy as well as live without fear of violence. I further believe women should be supported by women in their roles in their families, regardless of their family structure.

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

Name: Reginald Ofuani Telephone: 510-1600

Address: 1900 Vinland Tallahassee Florida, 32317

Name: Julia Dupree Telephone: 891-5450

Address: 6816 GA Hwy. 111 South, Cairo, GA 39828

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? 9 Yes 9 No

Are you willing to complete a financial disclosure form and/or a background check, if applicable? 9 Yes 9 No

Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? 9 Yes 9 No If yes, from whom? _____

Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? 9 Yes 9 No

Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? 9 Yes 9 No If yes, please explain _____

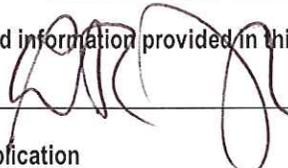
Do you or your employer, or your spouse or child or their employers, do business with Leon County? 9 Yes 9 No

If yes, please explain City of Tallahassee current have a contract with Leon County Landfill for disposal of refuse.

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? 9 Yes 9 No

If yes, please explain _____

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

Signature:  4/22/11

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