

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: Patty Ball Thomas, Ph.D.		Date: 04/19/2011
Home Phone: 850-893-3734	Work Phone: 850-599-3107	Email: pballthomas@netscape.net
Occupation: Assistant Professor	Employer: Florida A&M University	
Please check box for preferred mailing address.		
Work Address: 444 Gamble Street, Bldg. 166, Room 208.D		
City/State/Zip: Tallahassee, Florida 32307		
<input checked="" type="checkbox"/> Home Address: 5283 Quail Valley Road		
City/State/Zip: Tallahassee, Florida 32309		
Do you live in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you live within the City limits? Yes <input checked="" 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? Yes <input checked="" type="checkbox"/> No		
For how many years have you lived in and/or owned property in Leon County? <u>37</u> 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 <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 <input checked="" type="checkbox"/> 2 to 3 <input type="checkbox"/> 4 or more <input type="checkbox"/>		
And for how many months would you be willing to commit that amount of time? 2 <input checked="" type="checkbox"/> 3 to 5 <input type="checkbox"/> 6 or more <input type="checkbox"/>		
What time of day would be best for you to attend Committee meetings? <input checked="" type="checkbox"/> Day <input checked="" 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: Caucasian <input type="checkbox"/> African American <input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/>		
Sex: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Age: <u>63</u> Disabled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
District _____		
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.

Dr. Patty Ball Thomas has a Ph.D. in Educational Leadership. She has served as an educator for more than 30 years. She is currently employed at Florida A&M University as an Assistant Professor in the College of Education. She is a Florida Certified Exemplary Professional and Notary.

Dr. Thomas has an active membership in numerous organizations including Alpha Kappa Alpha Sorority, Inc; Tallahassee Club of Zonta International; Phi Delta Kappa (FAMU) Chapter, National Hook-up of Black Women (Tallahassee Chapter) and Tallahassee Chapter of the Holidays (Bridge Club). I chose the committee due to many leadership roles I have had in my profession.

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

Name: Dr. Ada Puryear Burnette Telephone: 850- 445-7260

Address: P.O. Box 38543; Tallahassee, Florida 32315

Name: Rev. Jean De Barbieris Owen Telephone: 850- 656-1678

Address: 8551 Buck Lake Road; Tallahassee, Florida 32317

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: *Patty Ball Thomas*

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