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: Robert G. Vincent | Date: 3-5-11

Home Phone: 877-6575 | Work Phone: 245-4578 | Email: bob_vincent@doh.state.fl.us

Occupation: Environmental Administrator | Employer: FL Dept of Health, Div. of Environmental Health

Please check box for preferred mailing address.
Work Address: 4052 Bald Cypress Way, Mailstop C-22

City/State/Zip: Tallahassee, FL 32399-1742

Home Address 5732 Braveheart Way

City/State/Zip: Tallahassee, FL 32317

Do you live in Leon County? Yes **If yes, do you live within the City limits?** Yes
Do you own property in Leon County? Yes **If yes, is it located within the City limits?** Yes

For how many years have you lived in and/or owned property in Leon County? ___15_years (8 years most recently)

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

1st Choice: _Community Health Coordinating Comm._ 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 _X_ Human Relations ___
Human Services _X_ Housing __ Library Services __
Other Areas __Mental Health_____

Have you served on any previous Leon County committees? No

If Yes, on what Committee(s) have you served? _____

How many days per month would you be willing to commit for Committee work? 2 to 3
And for how many months would you be willing to commit that amount of time? 6 or more
What time of day would be best for you to attend Committee meetings? 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
Sex: Male Age: __54___ Disabled? No
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.

I have worked for state government for 32 years, and during that time have formed and participated in many committees within the Dept of Health and for short term (1-2 years) inter-agency committees. Currently on the following major committees: DEP's wastewater reuse, multi-state Gulf of Mexico Alliance, and the USEPA National Drinking Water Advisory committee. Have been president of the Florida Environmental Health Association and continue to assist that 800 member association. I have a BS in Biology and a Masters degree in Public Administration. Am a Registered Sanitarian (Env. Health Professional) since 1986, effective statewide. I have assisted the middle and high school coaches and instructors when my children were in sports or theater. Have coached middle school age softball and soccer teams. The diagnosis of a family member with a mental illness has motivated both my wife and I to seek medical assistance for them and have found that NAMI provides a great deal of knowledge, solutions, comfort and aide to families and consumers. Have taken their 'family to family' 3 month class and have attended other local meetings of the organization. I believe I may be able to assist the Committee with mental health issues in our community.

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

Name: Mary Bowers, President, National Alliance on Mental Illness (NAMI) - Tallahassee
Telephone: (850) 878-7898- home

Address: 5744 Braveheart Way, Tallahassee, FL 32317

Name: Richard (Dick) Stephens Telephone: (850) 894-2454

Address: 3548 Trillium Ct Tallahassee, FL 32312

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

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

Signature: Robert G. Vincent (mailed copy of signed version 3/7/11)

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