

**ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT**

It is the applicant's responsibility to keep this information 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: Mark Mahoney		Date: 11-Aug-2014
Home Phone: (850) 656-8777	Work Phone: (850)717-3982X	Email: marq780@gmail.com
Occupation: RESEARCH & TRAINING SPECIA		Employer: FLORIDA DEPARTMENT OF CORRECTIONS
Preferred mailing location: Work Address Work Address: 501 SOUTH CALHOUN STREET		
City/State/Zip: TALLAHASSEE FL 32399-2500		
Home Address 8733 PALENCIA CT		
City/State/Zip: TALLAHASSEE FL 32311-3413		
Do you live in Leon County? Yes If yes, do you live within the City limits? No		
Do you own property in Leon County? Yes If yes, is it located within the City limits? No		
For how many years have you lived in and/or owned property in Leon County? 15.00years		
Are you currently serving on a County Advisory Committee? No		
If yes, on what Committee(s) are you a member?		
Have you served on any previous Leon County committees? No		
If yes, on what Committee(s) are you a member?		
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference		
1st Choice: Big Bend Health Council, Inc. 2nd Choice: Community Health Coordinating Committee		
What cultural arts organization do you represent, if any? N/A		
If not interested in any specific Committee(s), are you interested in a specific subject matter? If yes, please note those areas in which you are interested:		
<b><u>If you are appointed to a Committee, you are expected to attend regular meetings.</u></b>		
How many days permonth would you be willing to commit for Committee work? 1		
And for how many months would you be willing to commit that amount of time? 2		
What time of day would be best for you to attend Committee meetings? Day		
<b>(OPTIONAL)</b> 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:	Sex: Male	Age:
Disabled? No	District:	

**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.**

INTEREST IN AREA OF HEALTH PROMOTION/DISEASE PREVENTION IN MANY-VARIED ASPECTS.  
HAVE LIVED/WORKED OUTSIDE THE UNITED STATES FOR OVER 13 YEARS & AM A FLUENT SPANISH SPEAKER.

SERVED AS CHAIR OF THE STUDENT ADVISORY COUNCIL AT HARTSFIELD ELEMENTARY SCHOOL,  
HEATH & WELLNESS CHAIR OF THE PARENT STUDENT TEACHER ASSOCIATION AT FLORIDA STATE UNIVERSITY SCHOOLS.

B.S. FOODS & NUTRITION (FSU); M.S. NUTRITION & PUBLIC HEALTH (TEACHER COLLEGE/COLUMBIA UNIVERSITY); PH.D., INERNATIONAL/INTERCULTURAL DEVELOPMENT EDUCATION (FSU);  
GRADUATE CERTIFICATES IN EDUCATIONAL POLICY ANALYSIS AND PROGRAM EVALUATION (FSU).

R.D.N. (REGISTERED DIETITIAN/NUTRITIONIST)- 28 YEARS THROUGH THE COMMISSION ON CREDENTIALING OF THE ACADEMY OF NUTRITION & DIETETICS.

STEERING COMMITTEE MEMBER - RETURNED PEACE CORPS VOLUNTEERS OF NORTH FLORIDA (RPCVNF), COORDINATOR FOR ALTERNATIVE CHRISTMAS MARKET, ADOPT A ROAD PARTICIPANT WHERE RPCVNF PICKS UP LITTER ON HIGH ROAD, SPRINGTIME TALLAHASSEE PARTICIPANT WITH RPCVNF, MANY-VARIED OTHER COMMUNITY ACTIVITIES.

WRITE WEEKLY FOR MOVE.TALLAHASSEE.COM ON HEALTH AND RELATED TOPICS OVER PAST YEAR. BLOGS ARE ALSO OFTEN PUBLISHED IN TUESDAY'S EDITION OF THE TALLAHASSEE DEMOCRAT.

FORMER PEACE CORPS VOLUNTEER IN LATIN AMERICA WORKING IN AREAS OF HEALTH AND APPLIED AGRICULTURE.

MEMBER OF STEERING COMMITTEE FOR ESTABLISHMENT OF SOUTHWOOD COMMUNITY GARDEN THROUGH SUSTAINABLE TALLAHASSEE, ONGOING GARDENER.

SERVE ON PARENT ADVISORY COUNCIL AT THE UNIVERSITY OF NORTH FLORIDA WHERE MY SON ATTENDS COLLEGE

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

Name: TIM MAHLER Telephone: (850) 717-3983  
Address: 501 SOUTH CALHOUN ST., TALLAHASSEE, FL 32399-2500

Name: NICOLAS CONTOS Telephone: (850) 245-8914  
Address: 3642 OXHILL CT., TALLAHASSEE, FL 32308

**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](http://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: Mark A. Mahoney

This application was electronically sent: 8/11/2014 12:50:16PM