

**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: June Wiaz

Date: 04-Aug-2014

Home Phone: (850) 894-4234

Work Phone: (850)350-0048X

Email: jwiaz@comcast.net

Occupation: CLINICAL DIETITIAN

Employer: DAVITA DIALYSIS

Preferred mailing location: Home Address

Work Address: DAVITA DIALYSIS  
5857 WEST TENNESSEE STREET

City/State/Zip: TALLAHASSEE FL 32304

Home Address 3436 WELWYN WAY

City/State/Zip: TALLAHASSEE FL 32309

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? 18.00years

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: Community Health Coordinating Committee 2nd Choice: Big Bend Health Council, Inc.

What cultural arts organization do you represent, if any?

CIVIC BUT NOT "CULTURAL" -- MEMBER OF TALLAHASSEE DIETITIANS ASSOCIATION AND BOARD  
MEMBER NEW LEAF MARKET.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:**If you are appointed to a Committee, you are expected to attend regular meetings.**

How many days permonth 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? 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

Sex: Female

Age: 54

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.**

I AM A FLORIDA LICENSED, REGISTERED DIETITIAN WORKING WITH DIALYSIS PATIENTS AT A CLINIC IN TALLAHASSEE, AS WELL AS DEVELOPMENTALLY DISABLED CITIZENS AT A RESIDENTIAL COMMUNITY. BOTH GROUPS HAVE VERY SPECIALIZED DIETARY NEEDS. I'M ALSO CERTIFIED IN CHILDHOOD WEIGHT MANAGEMENT AND HAVE EXPERIENCE COUNSELING INDIVIDUALS ON A VARIETY OF CHRONIC ILLNESSES (INCLUDING DIABETES, HYPERTENSION, WEIGHT LOSS, FOOD ALLERGIES, ETC.) I HAVE BEEN LICENSED FOR NEARLY SEVEN YEARS AND HAVE A MS FROM FSU IN CLINICAL NUTRITION. (THIS WAS A CAREER CHANGE FOR ME AS I WORKED IN THE ENVIRONMENTAL FIELD FOR MANY YEARS FIRST AND HAVE A MS FROM WASHINGTON UNIVERSITY IN ST. LOUIS IN ENGINEERING AND POLICY.)

I CURRENTLY AM PRESIDENT OF THE BOARD OF DIRECTORS FOR NEW LEAF MARKET AND HAVE PREVIOUSLY SERVED AS SECRETARY/TREASURER. I WAS A FOUNDING MEMBER OF THE TALLAHASSEE FOOD NETWORK AND BIG BEND CLIMATE ACTION TEAM.

THE SKILLS I WOULD BRING ARE CONSENSUS BUILDING (A KEY METHOD OF EFFECTIVE COMMITTEE WORK) AND KNOWLEDGE OF PREVENTION OF DIET-RELATED CHRONIC ILLNESS. IN FACT, THAT IS THE REASON I MADE A MID-LIFE CAREER SHIFT SOME YEARS AGO -- IT SEEMED SO OBVIOUS THAT THERE WAS SO MUCH MORE WE COULD DO TO CURTAIL DIET AND LIFESTYLE RELATED DISEASE. I FEEL PASSIONATELY THAT DIETITIANS HAVE BEEN OVERLOOKED AS A GREAT RESOURCE IN THESE EFFORTS!

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

Name: KATHRYN ZIEWITZ, OFFICE OF RESOURTelephone: 850-606-5383  
Address: LEON COUNTY GOVT. 301 S. MONROE ST. TALLAHASSEE, FL 32301

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Name: DR. H. AVON DOLL, MEDICAL DIRECT Telephone:  
Address: DAVITA DIALYSIS, 878 STRONG RD., QUINCY, FL 32351

**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? No

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: June Wiaz

This application was electronically sent: 8/4/2014 2:36:31PM

## **June Wiaz, MS RD/LD**

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3436 Welwyn Way, Tallahassee, FL 32309 Cell: 850-559-0202 Home: 850-894-4234 JWiaz@comcast.net

### **Summary**

Dietitian with 6+ years experience working with dialysis patients with some consulting with chronic kidney disease patients hoping to adjust diets to avoid kidney failure. Also experience with developmentally disabled patients and their special dietary challenges. Some private weight-loss and food intolerance/allergy consulting as well. Aspiration is to work more in the field of prevention, with specialization in vegetarian diets.

### **Highlights**

- Licensed Dietitian in Florida
- Expertise in renal nutrition
- Nutrition education, including diabetes
- Gluten and dairy free diets
- Organic foods advocate
- Vegetarian health expert
- Other special dietary needs
- Weight-loss counseling

### **Accomplishments**

Presented continuing education talks 1-2 times per year for other DaVita Dialysis dietitians at our twice-yearly meetings on topics such as inflammation, liver function, and the role and importance of albumin as a health marker

Served as adjunct instructor at Florida State University from 2009-2011

Member of the Board of Directors of New Leaf Market (food co-operative) from 2008 to the present; board president since January 2014

Member of the Tallahassee Dietetics Association since 2007; president in 2008-2009

### **Experience**

#### **Clinical Dietitian, DaVita Dialysis -- March 2008 to Present**

Currently employed with DaVita Dialysis counseling patients about appropriate diet for dialysis. Counseling frequently also includes wt. loss (a requirement for transplant eligibility) and diabetes management with more than half of the dialysis patients also diabetic. Research and identify nutritional components of foods, diets and menu choices. Coordinate nutrition care with other members of the health care team. Consult regularly with physician on patients' weight and hypertension control measures, especially fluid control. Other co-morbidities also addressed, eg. HIV/AIDS, gall bladder disease, GERD.

**Consultant, Tallahassee Developmental Center – January 2013 to Present**

Currently consultant who helps determine appropriate diets for developmental disabled adult residents of TDC, as well as analyze their weights and lab values and make recommendations about dietary supplementation or restrictions with respect to calories and texture. Collaborate extensively with interdisciplinary care team to meet the nutritional needs of each patient.

**Adjunct Instructor – August 2009 to December 2011**

Adjunct Instructor at Florida State University Department of Nutrition who taught upper-level course entitled Nutrition and Health Issues. Previous instruction experience in graduate school included Intro to Nutrition and a food policy course.

**Independent Environmental Writer – 2003-2007**

Co-author of *Green Empire: The Story of the St. Joe Company in the Florida Panhandle*. Other miscellaneous book chapters and articles as well.

**Education**

MS Clinical Nutrition Florida State University, Tallahassee, Florida, 2008

BS Alternative Health, Clayton School of Natural Health, Birmingham, Alabama, 1998

MS Engineering & Policy, Washington University, St. Louis, Missouri, 1983

BS Lehigh University, Bethlehem, Pennsylvania, 1981

**Interests/Hobbies**

Gardening, kayaking, biking, running, hiking, reading, writing