

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: Max Schmidt		Date: 05-Aug-2014
Home Phone: (850) 668-2249	Work Phone:	Email: mschmidt106@comcast.net
Occupation: EXECUTIVE DIRECTOR RET.	Employer: FLORIDA SCHOOL LABOR RELATIONS SERVICE	
Preferred mailing location: Home Address		
Work Address: 203 S. MONROE ST.		
City/State/Zip: TALLAHASSEE	FL	32301
Home Address 2336 GATES DR.		
City/State/Zip: TALLAHASSEE	FL	32312
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? 11.00years		
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: Joint City/County/School Board Coordinating C2nd Choice: Educational Facilities Authority		
What cultural arts organization do you represent, if any?		
NONE		
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:		
<u>If you are appointed to a Committee, you are expected to attend regular meetings.</u>		
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		
(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: 74
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.

BACHELOR'S AND MASTER'S DEGREES--BALL STATE UNIVERSITY
DOCTOR OF PHILOSOPHY--FLORIDA STATE UNIVERSITY
21 YEARS OF ADMINISTRATIVE EXPERIENCE--COLLIER COUNTY PUBLIC SCHOOLS
SEVEN AND A HALF YEARS--SUPERINTENDENT OF SCHOOLS, CHARLOTTE COUNTY, FLORIDA
NINE YEARS--EXECUTIVE DIRECTOR, FLORIDA SCHOOL LABOR RELATIONS SERVICE
I AM INTERESTED IN THE JOINT COORDINATING COMMITTEE, SINCE I HAVE EXPERIENCE IN PLANNING AND CONCURRENCY.

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

Name: DR. WAYNE BLANTON Telephone: 850-414-2578
Address: 203 S. MONROE ST. TALLAHASSEE, FL 32301

Name: Telephone:
Address:

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: Max L. Schmidt

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