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: Michael Renwick | Date: 25-Jul-2014

Home Phone: | Work Phone: | Email: redbaron522@aol.com

Occupation: FORESTER | Employer: SELF-EMPLOYEED

Preferred mailing location: Home Address
Work Address:

City/State/Zip:

Home Address

City/State/Zip: TALLAHASSEE

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? 29.00years

Are you currently serving on a County Advisory Committee? Yes
If yes, on what Committee(s) are you a member?

Have you served on any previous Leon County committees? Yes
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: Adjustment and Appeals Board 2nd 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:

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? 4 or more
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: 70
Disabled? No District: District 4

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 HAVE WORKED WITH THE LEON COUNTY PROPERTY APPRAISER'S OFFICE THE LAST THREE YEAR ON A AGRICULTURE REVIEW BOARD. I AM A LICENSED REALTOR, I ALSO HAVE DEGREES IN FORESTRY, AND PARKS AND RECREATION ADMIN..
I AM A RETIRED COUNTY FOREST FORMERLY WITH THE FLORIDA FOREST SERVICE AS THE GADSDEN COUNTY FORESTER FOR 11 YEARS FROM 1999 TO 2010.
I HAVE A INTEREST IN LEON COUNTY AS A LONG-TERM RESIDENT AND HAVE HAD AND CONTINUE TO HAVE A INTEREST IN EDUCATION AND THE SCHOOL SYSTEM IN LEON COUNTY.
BECAUSE I AM PARTIALLY RETIRED MY TIME IS MY OWN AND I ENJOY PUBLIC SERVICE I WANT TO BE PART OF THE COMMUNITY IN LEON COUNTY

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

Name: PHIL GORNICKI Telephone: 850-222-5646
Address: 402 E. JEFFERSON ST.

Name: STAN ROSENTHAL Telephone: 850-606-5202
Address: LEON COUNTY EXTION OFFICE

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? 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: Michael R. Renwick

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