

# 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:		Date:
Home Phone:	Work Phone:	Email:
Occupation:	Employer:	
Please check box for preferred mailing address. <input type="checkbox"/> Work Address: City/State/Zip:		
<input type="checkbox"/> Home Address ( <i>Required to determine County residency</i> ) City/State/Zip:		
Do you live in Leon County? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you live within the City limits? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you own property in Leon County? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it located within the City limits? <input type="checkbox"/> Yes <input type="checkbox"/> No For how many years have you lived in and/or owned property in Leon County? _____ years		
Are you currently serving on a County Advisory Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, on what Committee(s) are you a member? _____		
Have you served on any previous Leon County committees? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, on what Committee(s) have you served? _____		
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference 1st Choice: _____ 2nd Choice: _____		
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><i>If you are appointed to a Committee, you are expected to attend regular meetings.</i></u> How many days per month would you be willing to commit for Committee work? <input type="checkbox"/> 1 <input type="checkbox"/> 2 to 3 <input type="checkbox"/> 4 or more And for how many months would you be willing to commit that amount of time? <input type="checkbox"/> 2 <input type="checkbox"/> 3 to 5 <input type="checkbox"/> 6 or more What time of day would be best for you to attend Committee meetings? <input type="checkbox"/> Day <input type="checkbox"/> 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: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No District 1 <input type="checkbox"/> District 2 <input type="checkbox"/> District 3 <input type="checkbox"/> District 4 <input type="checkbox"/> District 5 <input type="checkbox"/>		

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.

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

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

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](http://www.leoncountyfl.gov/bcc/committees/training.asp) BEFORE YOUR APPLICATION IS DEEMED COMPLETE.

Have you completed the Orientation?  Yes  No

Are you willing to complete a financial disclosure form and/or a background check, if applicable?  Yes  No

Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee?  Yes  No If yes, from whom? \_\_\_\_\_

Do you anticipate that you would be a stakeholder with regard to your participation on a Committee?  Yes  No

Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts?  Yes  No If yes, please explain. \_\_\_\_\_

Do you or your employer, or your spouse or child or their employers, do business with Leon County?  Yes  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?  Yes  No

If yes, please explain. \_\_\_\_\_

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

Signature: \_\_\_\_\_

Please return Application

by mail: Christine Coble, Agenda Coordinator  
301 South Monroe Street  
Tallahassee, FL 32301

by email: [coblec@leoncountyfl.gov](mailto:coblec@leoncountyfl.gov)

by fax: 850-606-5301

Online: <http://cms.leoncountyfl.gov/servicerequest/committeeapplication.aspx>

***“People Focused, Performance Driven.”***