

Joint City-County Bicycling Workgroup Application

			
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: City/State/Zip:			
Do you live in Leon County? Yes No If yes, do you live within the City limits? Yes No Do you own property in Leon County? Yes No If yes, is it located within the City limits? Yes No For how many years have you lived in and/or owned property in Leon County? ____ years			
Are you currently serving on a City or County Advisory Committee? Yes No If Yes, on what Committee(s) are you a member? _____			
Have you served on any previous City or County committees? Yes No If Yes, on what Committee(s) have you served? _____			
<p><i>If you are appointed to the Joint City-County Bicycling Workgroup, you are expected to attend regular meetings.</i></p> How many days per month would you be willing to commit for Committee work? 1 2 to 3 4 or more And for how many months would you be willing to commit that amount of time? 2 3 to 5 6 or more What time of day would be best for you to attend Committee meetings? Day Night Can you serve a full three-year term? Yes No			
<p>(OPTIONAL) The City of Tallahassee and Leon County strive to meet their 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.</p> Race: Caucasian African American Hispanic Asian Other Sex: Male Female Age: _____ Disabled? Yes No			
Are you representing a specific agency or organization? Yes No If Yes, please list the organization. _____			

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 the City of Tallahassee or Leon County; any charitable or community activities in which you participate; and reasons for your interest in the Joint City-County Bicycling Workgroup. 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 THE JOINT CITY-COUNTY BICYCLING WORKGROUP, YOU WILL BE OBLIGATED TO FOLLOW ANY APPLICABLE LAWS REGARDING 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 CITY OF TALLAHASSEE OR 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 PUBLISHED AT www.leoncountyfl.gov/bcc/committees/training.asp BEFORE YOUR APPLICATION IS DEEMED COMPLETE.

Have you completed the Orientation? Yes No

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

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

If yes, please explain. _____

Do you have any employment or contractual relationship with the City of Tallahassee or 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. _____

Please note that pursuant to City of Tallahassee policy, a background check may be conducted for City appointees to the Joint City/County Bicycling Workgroup.

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

Signature: _____

Please return Application

by mail: Tallahassee Leon County Planning Department
Attn: Artie White
435 North Macomb Street
Tallahassee, FL 32301

by email: artie.white@talgov.com

by fax: 850-891-6404