Hillsborough County Board of County Commissioners 601 E. Kennedy Boulevard, Tampa, FL 33602

QUESTIONNAIRE FOR DIVERSITY ADVISORY COUNCIL OF HILLSBOROUGH COUNTY

Information from this questionnaire will be used by the Hillsborough Board of County Commissioners when considering appointments to the Diversity Advisory Council. All questions must be answered.

Citizens interested in being considered for appointment **must also submit an essay of 200-500 words** highlighting what your goals would be as a member of the Diversity Advisory Council and state why you believe that you are most suited to carry forth those goals. Applicants declining to submit an essay will be eliminated from further consideration for service on the Diversity Advisory Council of Hillsborough County. Applicants **must also submit** a Standards of Conduct Form.

NOTE: Are you or your spouse's home address, phone number, place of employment, or

Please select <u>one only</u> membersh Council.	nip category you	would like t	o represent on the Diversity Adv	isory
At-Large – (identification with category not required) Caribbean Gay, Lesbian, Bisexual, and Transgender		Native Ame	rican Southern European	
1. Legal Name:				_
LAST	FIR	ST	MIDDLE/MAIDEN	
Place of Employment:				
Title:				
3. Business Address:				
3. Business Address:		F	O. BOX/SUITE	
3. Business Address:STREET	STATE	ZIP	PHONE NUMBER	-
CITY				-
CITY		ZIP		-
4. Current Residential Address:		ZIP	PHONE NUMBER	-

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Note : Information for the following question will be used to satisfy Equal Opportunity reporting requirements. Your response is optional.
5. Sex:
6. Date of birth: (needed to confirm voter registration/residency)
7. Do you currently serve on any board, council, committee, or authority in the State of Florida?Yes No
If yes, list name of board(s):
(Please note that unless specifically approved by the Board of County Commissioners (BOCC), no citizen may serve on more than one board/council/committee/authority at a time that is appointed by the BOCC.)
8. Are you a resident of Hillsborough County? Yes No / How long?
9. Are you a registered voter in Hillsborough County? Yes No
10. Do you have any relatives working for Hillsborough County? Yes No
If yes, list their name, relationship, and office:
11. If appointed, do you know of any reason whatsoever why you will not be able to attend regularly scheduled meetings or otherwise fulfill the duties of the Diversity Advisory Council? Yes No
12. Citizen members shall be appointed in a manner to avoid conflicts of interest or the appearance of conflicts of interest. Do you know of any reason that would prohibit you from serving on this board that could be deemed as a conflict of interest? Yes No If yes, please explain:
13. Have you or a business of which you have been an owner/ officer/employee held any contractual, or other dealings, during the last three years with any HC government agency? (Including the agency to which you seek appointment) Yes No
14. Has a member of your immediate family or business of which they have been an owner/ officer/ employee, held any contractual or other dealings, during the last three years with any Hillsborough County government agency? (Including the agency to which you seek appointment) Yes No

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If you answered yes to either of the above questions, please list below. YOUR RELATIONSHIP TO **BUSINESS RELATIONSHIP** BUSINESS **BUSINESS TO AGENCY** 15. Please list three people who have known you well within the past five years. Include a current and complete address, phone number, and the capacity in which they have known you. Please list only those people who have given their consent to be used as a reference. If the information below is exempt from public disclosure per Chapter 119, Florida Statutes (the Public Records Law), please check: _____ (Identify which one) **RELATIONSHIP NAME ADDRESS** PHONE NUMBER 16. Name any business, professional, civic, or fraternal organizations of which you are a member, and the dates of your membership. Not Applicable **ORGANIZATIONS DATE OF MEMBERSHIP**

By signing below, you are affirming that the information you provided is true. For this form to be valid, please sign and date below.

PRINT NAME	SIGNATURE	DATE
	OIOIATOILE	DAIL

E-MAIL ADDRESS FAX NUMBER

INSTRUCTIONS FOR SUBMITTAL:

MAIL TO: Boards & Councils Coordinator P. O. Box 1110 Tampa, FL 33601

FAX TO: 813-239-3916

SCAN AND E-MAIL TO: FinleyL@HillsboroughCounty.org

<u>DELIVER TO:</u> 601 E. Kennedy Blvd., 2nd Floor Tampa, FL 33602