

# Application Form

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## Disclaimer

Under Florida law, all information, including e-mail, written letters, documents, and phone messages, sent to the Alachua County Board of County Commissioners are subject to Public Records Law. This includes the sender's e-mail address, home address or phone number if shown in the message, the content of the message and any associated attachments to the mail. If you are exempt from aspects of the public records law pursuant to F.S. 119.071, contact the advisory board coordinator at 352-264-6906 prior to submission of this form.

### Please Agree with the Following Statement

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**I have read the disclaimer above and understand my application is subject to Florida's Public Records Law.**

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\_\_\_\_ I Agree

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## Profile

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Suite or Apt

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Primary Phone

\_\_\_\_\_  
Alternate Phone

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Occupation

Education:

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Are you currently employed? If so, place of business:

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Which boards would you like to apply for?

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Alachua County Public Safety Coordinating Council, Justice, and Mental Health Collaboration Program Oversight Sub-Committee

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\*Decisions for who to serve on the Sub-Committee will be made by the Public Safety Coordinating Council

What position(s) are you applying for?

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Peer with Lived Experience - Criminal Justice  
Peer with Lived Experience - Behavioral Health

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### Interests & Experiences

Are you currently serving, or have you ever served on an Alachua County advisory board?

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Yes                       No

If yes, please list Board(s):

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Please list any civic and professional accomplishments/honors, training or experience relate to this appointment:

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**What Contributions do you feel you could make if you were selected to this committee?**

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**Are you a resident of Alachua County?**

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Yes

No

**Professional Organizations:**

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## Supplemental Questions

**Some of the boards and committees appointed by the County Commission are required to comply with Chapter 112, Florida Statutes the Financial Disclosure Law. If applicable, would you be willing to file the required financial statement?**

Yes

No

**Do you affirm that your personal and business (if applicable) affairs within Alachua County are in substantial compliance with all county regulatory and taxing authorities rules and regulations?**

Yes

No

**Please Agree with the Following Statement:**

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**Appointees to advisory boards/committees are required to attend scheduled meetings as specified in the “Guidelines for Citizen Advisory Boards and Committees”.**

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I Agree

**Please Agree with the Following Statement:**

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**I Understand that this completed application is the property of Alachua County and I hereby certify that the statements made on this application are true and correct.**

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I Agree

To submit this form, please click the following link: [Submit Form](#)

If the link is unable to be opened, please email this form to: [ttonkavich@alachuacounty.us](mailto:ttonkavich@alachuacounty.us)