

Escambia Children's Trust

Citizen Committees Application for Appointment



The Escambia County Board of County Commissioners is seeking applications from county residents to serve on the Escambia Children's Trust. The application consists of several parts: an Escambia County ECT application, a questionnaire for Gubernatorial Appointments and an optional resume. Both applications must be completed and submitted together to be considered for an appointment.

Resumes and both applications may also be submitted via email to boardapply@myescambia.com or by mail to:

Jose Gochez, Program Manager
Escambia County Board of County Commissioners
221 Palafox Place, Suite 420
Pensacola, FL 32502

Personal Information

(* indicates required field)

First Name* Middle Name

Last Name* Suffix

Title:* Mr. Ms. Mrs. Dr.

Phone* Email*

Enter primary email address (ex: citizen@mail.com)

Address Line 1*

Address Line 2

City* State* Zip Code*

Note: Your address will be used to verify your county residency.

Do you live in Escambia County? *

- Yes
- No

Do you live within: *

- Pensacola city limits
- Century city limits
- N/A

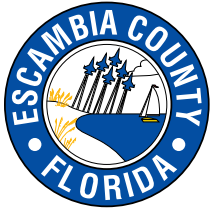
Do you own property in Escambia County? *

- Yes
- No

Do you own property within: *

- Pensacola city limits
- Century city limits
- N/A

How many years have you lived in Escambia County? _____
Numbers only



Children's Services Council of Escambia County

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Employment Information

(* indicates required field)

Employer or indicate retired*

Occupation*

Work or Other Phone

Address Line 1

Address Line 2

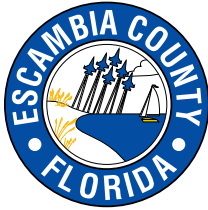
City

State

Zip Code

Describe your experience in short and long-range planning, including your knowledge of outcome-based planning, multi-year goals, objectives and benchmarking.

List your experience (professional or volunteer) with financial management, financial planning and grant funding requirements/process.



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Have you participated in any community collaborations and/or have experience in developing partnerships? If so, when and with whom? For what purpose? What was the outcome?

What experience do you have and/or what activities have you participated in which support children and families?

Explain your knowledge of and/or experience with quality assurance and evaluation methods (including national best practices) within the area of human services, especially with respect to children's programs and services.

List any experience and/or knowledge you have of parenting skills training programs.

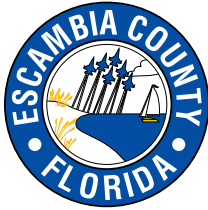


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Describe your vision of the planning process needed to be used by the Escambia Children's Trust. In answering, demonstrate your knowledge of the issues and problems facing Escambia's children and families, and how you envision the Trust addressing these challenges.



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Questionnaire

(* indicates required field)

Do you know of any circumstances that would result in you having to abstain from voting on the Council due to voting conflicts? *

Yes No

Are you or your employer, or your spouse or child or their employers considering doing business with the Council to which you are applying for membership? *

Yes No

Do you currently have any employment or contractual relationship that would create a continuing or frequently recurring conflict with regard to your participation on the Council? (i.e., would you have frequent or reoccurring voting conflicts?) *

Yes No

Do you foresee participating in any competitive bid process involving business with the Council to which you are applying, during your time serving on that council? *

Yes No

If you are appointed, are there any days of the week or months of the year that you will be unavailable to serve due to job or travel? *

Yes No

If yes, please include: _____

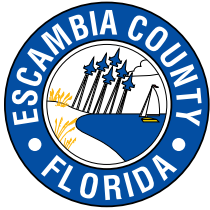
Members on this Council must file a financial Disclosure Form #1 from the Florida Commission on Ethics, per State Statute 112.3145. Financial Disclosure Information — Ethics. Are you willing to complete a financial disclosure form? *

Yes No

All members appointed by the Governor shall have been residents of the county for the previous 24-month period. Have you lived in Escambia County for the past 24 months? *

Yes No

Florida State Statute 119.07 designates this application as a public document to be made available for anyone requesting to view it. If you qualify for exemption from public disclosure under the terms of this statute, please explain.



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References and Resume

(* indicates required field)

First Reference

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

Name*

Phone*

Address Line 1*

Address Line 2

City*

State*

Zip Code*

Second Reference

(optional)

Name*

Phone*

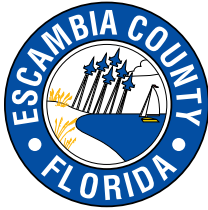
Address Line 1*

Address Line 2

City*

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Please provide a copy of your resume in .pdf format. If no resume is available, in the space provided, briefly describe or list the following: any previous experience on other committees; your educational background; your skills and experience you could contribute to this Council; any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Escambia County; any charitable or community activities in which you participate; and reasons for your interest in serving on the Council.

Diversity

(optional)

Race White Black or African American Asian Hispanic or Latino
 American Indian or Alaska Native Native Hawaiian or Pacific Islander

Gender: Male Female Age: _____

Disabled Yes No

District: 1 2 3 4 5

If you are unsure of your district, please visit myescambia.com, under the “Your Government” tab, select [“Find your District.”](#)

In accordance with Section 286.26, Florida Statutes, persons needing a special accommodation to participate in the Council should contact the Director of Human Resources Nikki Powell at nlpowell@myescambia.com or 850-595-1637. [Accommodation Request forms](#) are available.

Upon checking this box, I electronically sign my application and certify that all statements and information provided in this application are true to the best of my knowledge.