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. Applicant must also submit a Standards of Conduct Form.

NOTE: Are you or your spouse’s home address, phone number, place of employment, or date of birth exempt from public disclosure under Chapter 119, Florida Statutes (the Public Records Law): _____ Yes _____ No

Please select one only membership category you would like to represent on the Diversity Advisory Council.

__Caribbean  __Hispanic/Latino
__Indian Asian __Native American
__People with Disabilities

1. Legal Name: ________________________________________________________________
   LAST     FIRST     MIDDLE/MAIDEN

2. Place of Employment: _______________________________________________________
   Title: ____________________________________________________________________

3. Business Address: _________________________________________________________
   STREET     P.O. BOX/SUITE
   __________________________________________________________
   CITY     STATE  ZIP  PHONE NUMBER

4. Current Residential Address:

   __________________________________________________________
   Must list physical address  P.O. BOX if mailing
   __________________________________________________________
   CITY     STATE  ZIP  PHONE NUMBER

Preferred mailing address: _____Business _____Home / Preferred Phone: _____________

Note: Information for the following question will be used to satisfy Equal Opportunity reporting requirements. Your response is optional.
5. Sex: _____ Male _____ Female

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. Have you ever been convicted of a felony or misdemeanor offense? ____Yes ____ No
If yes, please explain. (Do not include minor traffic violations and any offense committed as a minor.)
___________________________________________________________________________
___________________________________________________________________________

11. Do you have any relatives working for Hillsborough County? _____ Yes _____ No
If yes, list their name, relationship, and office: ______________________________________
___________________________________________________________________________

12. If you are 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 If yes, please explain: ___________________________________
___________________________________________________________________________
___________________________________________________________________________

13. 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: _________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

14. 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
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

If you answered yes to either of the above questions to #15, please list below

<table>
<thead>
<tr>
<th>BUSINESS</th>
<th>YOUR RELATIONSHIP TO BUSINESS</th>
<th>BUSINESS RELATIONSHIP TO AGENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. Please list three persons 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 persons 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)

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>PHONE NUMBER</th>
<th>RELATIONSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16. Name any business, professional, civic or fraternal organizations of which you are a member, and the dates of your membership. Not Applicable _____

<table>
<thead>
<tr>
<th>ORGANIZATIONS</th>
<th>DATE OF MEMBERSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

_____________________________ _________________________________
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

DELIVER / MAIL TO:
Boards & Councils Coordinator
2nd Floor, County Center
601 E. Kennedy Blvd.
Tampa, FL 33602

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