

**2014 APPLICATION FOR NOMINATION TO SERVE ON THE JACKSON HEALTH
SYSTEM GENERAL OBLIGATION BOND CITIZENS' ADVISORY COMMITTEE OF
MIAMI-DADE COUNTY**

Completed applications and resumes can be mailed or hand delivered to the address below **by September 2, 2014 at 4:00 p.m.** Emails or facsimiles of the application and resume will be accepted and can be sent to clerkbcc@miamidade.gov or faxed to 305-375-2484. It is the responsibility of the applicant to ensure electronic receipt of the application and resume by calling the Clerk of the Board at 305-375-1652.

**Clerk of the Board of County Commissioners
ATTENTION: Christopher Agrippa, Director, Clerk of the Board
111 NW 1st Street, Suite 17-202
Miami, Florida 33128
(305)375-1652**

**ATTENTION APPLICANTS: BACKGROUND CHECKS WILL BE PERFORMED ON
ALL APPLICANTS SELECTED FOR AN INTERVIEW. IF SELECTED, ADVISORY
COMMITTEE MEMBERS WILL BE REQUIRED TO SUBMIT FINANCIAL
DISCLOSURE FORMS.**



**Candidate for Nomination to Serve on the Jackson Health System General
Obligation Bond Citizens' Advisory Committee of Miami-Dade County**

PLEASE CHECK APPROPRIATE INFORMATION LISTED BELOW (Optional)

- | | | |
|---------------------------------|--|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> White Non-Hispanic | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Female | <input type="checkbox"/> Black Non-Hispanic | <input type="checkbox"/> Haitian American |
| | <input type="checkbox"/> Hispanic | |
| | <input type="checkbox"/> Asian or Pacific Islander | |

EDUCATION:

School/City/Major/Degree:

Previous Employment and Professional Background:

Business Name	Position	Years

EXPERIENCE AND/OR QUALIFICATIONS:

Describe how your past experience and/or qualifications would benefit the JHS GOB CITIZENS' ADVISORY COMMITTEE:

ORGANIZATIONS AND ACTIVITIES:

List community, civic, professional and other organizations of which you are a member:

Organization

Position Held

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List any Public Office held (Elected or Appointed):

Office

Date

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Affiliations with hospitals, nursing homes or other health related institutions:

Activities reflecting community interest:

List all potential conflicts of interest, including potential conflicts arising from your relationships or the relationships of any of your family members in the healthcare industry:

References - Persons acquainted with candidate's activities/experience:

Name	Title	Telephone
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I, (candidate's name) _____, Citizen of the United States, a duly qualified elector of Miami-Dade County, and not affiliated with the Public Health Trust of Miami-Dade County or its subordinate agencies or institutions, would, if appointed, be willing and able to discharge the responsibilities and functions of an Advisory Committee Member. I declare that, if selected while currently serving on another official County board, I will resign from my other County responsibilities.

_____ Date	_____ Candidate's Signature
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Nominated by (if not self):

_____ Name	_____ Telephone	
_____ City	_____ State	_____ Zip Code