

MARION COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR APPOINTMENT TO ADVISORY BOARD

APPLICATION DATE: 10/18/24
BOARD NAME: Well Florida Advisory Board

PERSONAL INFORMATION

Title: Mr. Mrs. Ms. Miss
Name: Jeremiah Alberico
Address: 9652 SE 61st Ter
City: Belleview State: FL ZIP: 34420
Home Phone: 352 328-6738 Alternate Phone: _____
E-mail Address: jeremiah.alberico@yahoo.com
Occupation: mental health
If Retired, previous occupation: _____

PREFERRED MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE):

Address: Same
City: _____ State: _____ ZIP: _____

Is your address or any other personal information exempt under the Florida Statutes? Yes No
If yes, please cite the applicable Florida Statute: F.S. # _____

What is your preferred form of communication? Phone Mail Email

Are you a registered voter? Yes No

Do you own homestead property in Marion County? Yes No

Are you employed by Marion County or have relatives that are Marion County employees? Yes No
If yes, please provide position, department and/or relationship to County employee and their position/department

Have you been convicted (including a withholding of adjudication), pled guilty or pled to a Nolo Contendere (no contest) to a misdemeanor or felony (including a criminal traffic violation)? Yes No

A "YES" answer will not necessarily bar you from serving on an advisory board. The nature, severity, and date of the offense in relation to the position for which you are applying will be considered. If you are not sure or do not remember what happened in a criminal case (s), contact the appropriate county, state, or federal agency so that you can report accurate information on your criminal history. Failure to accurately report this information may result in removal from the board. If you answered "YES" please give details, an additional sheet of paper may be used.

WHY DO YOU DESIRE TO SERVE ON THIS/THESE BOARDS?

(Include current or previous work experience; community involvement; interests/activities)

To continue to provide a voice for those in need.

SERVING ON OTHER BOARDS

Do you currently serve on any other boards in Florida, or are you an elected or appointed state, county (Marion County or other county) or municipal ("city") office holder? Yes ___ No

If yes, which board? _____

(Important: You may not serve on more than one (1) Substantive Board: Board of Adjustment; Code Enforcement Board; License Review Board; Land Development Regulation Commission; Historical Commission; Hospital District Board of Trustees; Housing Finance Authority; Industrial Development Authority; Tourist Development Council; Parks and Recreation Advisory Council)

Have you ever served on a City or County advisory board? Yes ___ No

If yes, when, where and which board(s)? _____

REFERENCES - Please list three (3) personal and/or business references

(PLEASE DO NOT USE COMMISSIONERS AS REFERENCES)

Name: Robin Lanier
Phone Number: 352-565-7574 Email: robin.lanier@smahealthcare.org

Name: Megan Huff
Phone Number: 352-565-7382 Email: mhuff@smahealthcare.org

Name: Terence Thomas
Phone Number: 352-565-7361 Email: te.thomas@smahealthcare.org

I authorize Marion County to contact my references and I understand that all statements made on this application may be verified by Marion County. INITIAL JL

I understand the responsibilities associated with being a board member, and I have adequate time to serve if appointed. INITIAL JL

I agree to complete training within six (6) months from the date of my appointment. INITIAL JL

By signing this application, I certify that the information I provided in this application is true and correct, and that any misstatements or material omissions on my application may result in my removal from my appointed position.

SIGN: [Signature] PRINT: Jeremiah Alberico

RECEIVED BY BCC: _____

This application will be kept on file for a period of one year from date of receipt by the Board of County Commissioners. Should a vacancy occur on the board to which you have applied, you will be notified.

RETURN FORM TO:
MARION COUNTY BOARD OF COUNTY COMMISSIONERS 601 SE 25th Avenue, Ocala, FL 34471
Or via email to: Commissionadmin@marionfl.org

PLEASE CALL THE COMMISSION OFFICE AT (352) 438-2323 IF YOU HAVE ANY QUESTIONS REGARDING YOUR APPLICATION.