MARION COUNTY BOARD OF COUNTY COMMISSIONERS

APPLICATION FOR APPOINTMENT TO ADVISORY BOARD

MARION COUNTY BCC
AUG 18 2025

APPLICATION DATE: February 9, 2025

BOARD NAME: MSTU Recreation

PERSONAL INFORMATION

Title: Mr. ___ Mrs. X Ms. ___

Name: Teresa Newcombe

Address: 15092 SW 38th Ave.

City: Ocala State: Florida ZIP: 34473

Phone#: 860-301-0841

E-mail Address: newki@att.net

Occupation: Retired

If Retired, previous occupation: Bank Teller

PREFERRED MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE):

Address: _____

City: _____ State: _____ ZIP: _____

Is your address or any other personal information exempt under Florida Statute 119.70? Yes ___ No X
If yes, please submit a signed Marion County Public Records Act Exempt Form (available upon request).

What is your preferred form of communication? Phone X Mail ___ Email ___

Are you a registered voter? Yes X No ___

Do you own homestead property in Marion County? Yes X No ___

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

_____

_____

Do you currently work for an entity or agency that either receives funding from, or has a contract with the County to perform services? Yes ___ No X

Are you, your spouse, or children, currently an officer, director, or partner in any entity or agency that receives funding from, or has a contract with the county? Yes ___ No X
If yes, please submit a signed FORM 4a - Disclosure of Business Transaction, Relationship, or Interest.

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 X

A 'YES' answer will not automatically disqualify you from serving on an advisory board. The nature, severity, and date of the offense will be considered in relation to the position. If unsure about the details of a criminal case, contact the relevant agency to ensure accuracy when reporting your history. Failure to do so may result in removal from the board. If you answered 'YES,' please provide details. You may use an additional sheet if needed.

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

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

I used to run the Middletown CT Special Olympics. I used to volunteer for the Middlesex Area Citizens in CT. I used to volunteer for the Middlesex Chamber of Commerce in CT. I used to volunteer for the Relay for life in CT. I would like to serve on the board to help out the community and bring new ideas to the meetings.

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 X

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 X

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: Cheryl Heist
Phone Number: 727-685-6895 Email: chesick5200@yahoo.com

Name: Henry Bugai
Phone Number: 860-214-4191 Email: Henry_Bugai_jr@yahoo.com

Name: Susan Calhoun
Phone Number: 860-301-0245 Email: Sue.cal@att.net

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

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

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: Teresa Newcombe PRINT: Teresa Newcombe

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.

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.

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Could you provide the missing info below so we can process the application?

The following data is collected in accordance with Florida Statute, Section 760.80, for the purpose of statistical reporting and ensuring compliance with diversity and inclusion guidelines. Your responses will be kept confidential and will not affect your application.

Gender: Male ____ Female _x___ Prefer not to disclose ___

Physically Disabled: Yes ___ No _x__ Prefer not to disclose ___

Race: African-American ____ Native-American ____ Caucasian _x___ Other ____

Hispanic/Latino ____ Asian -American ____ Prefer not to disclose ___

Thank you so much!

Katy Burton
Community Manager
Municipal Services

Marion County Board of County Commissioners
2710 E. Silver Springs Blvd.
Ocala, FL 34471
Main: 352-438-2650 | Direct: 352-438-2651 | Cell: 352-299-5099

Empowering Marion for Success!