

MARION COUNTY BOARD OF COUNTY COMMISSIONERS AUG 26 2025

APPLICATION FOR APPOINTMENT TO ADVISORY BOARD

APPLICATION DATE: 7.25.2025BOARD NAME: Planning & ZoningPERSONAL INFORMATIONName: Jackie AlsobrookOccupation: RetiredIf Retired, previous occupation: City Manager City PlannerAddress: 4935 SE 44th CircleCity: Ocala State: FL ZIP: 34480Phone#: 352 566 4618E-mail Address: Alsobrook.jackie@gmail.comMAILING 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 ☒

If yes, please submit a signed Marion County Public Records Act Exempt Form (available upon request).

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

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 ☒ Prefer not to disclose ___Physically Disabled: Yes ___ No ☒ Prefer not to disclose ___
 Race: African-American ___ Native-American ___ Caucasian ☒ Other ___
 Hispanic/Latino ___ Asian -American ___ Prefer not to disclose ___
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

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 ☒

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 ☒

If yes, please submit a signed FORM 4a - Disclosure of Business Transaction, Relationship, or Interest. (Available upon request).

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 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 have been a Marion County Resident most of my life. I love my City and enjoyed my profession as a Public Administrator. Would like to use my knowledge in serving on the Planning Board.

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? BOA & Dalton Woods HOA

(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)? Currently on the Marion County Board of Adjustment.

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

(PLEASE DO NOT USE COMMISSIONERS or COUNTY ADMINISTRATION STAFF as REFERENCES)

Name:

Phone Number:

Email:

Name:

Phone Number:

Email:

Name:

Phone Number:

Email:

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

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

INITIAL: JA I understand that submitting this application makes all provided information public record, subject to disclosure under applicable laws unless exempt under Florida Statute 119.071. I confirm the accuracy of all details provided and their suitability for public release.

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: Jackie E. Alsobrook

DATE: 7-25-2025

PRINT: JACKIE E. Alsobrook

MARION COUNTY BCC

AUG 26 2025

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:

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