Marion County Board of County Commissioners Application for Appointment to Advisory Board

Contact Information

* Name of Board

Hills of Ocala Advisory Board

* Full Name Kelsey E. Gartland

* Email

gartland6323@gmail.com

- * Full Address 13687 sw 103rd pl Dunnellon FL 34432
- * Primary Phone (518) 728-7015

Work Phone (518) 728-7015

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Occupation

Business Name

SKIPPED

Full Address
SKIPPED

Occupation

Investment Advisor Assistant

Previous Occupation

SKIPPED

* Registered Voter

* Have you ever been convicted of a felony?

MARION COUNTY BCC

AUG 2 3 2024

Marion County Board of County Commissioners Application for Appointment to Advisory Board References 1. Full Name Whitney Brophy 1. Full Address **SKIPPED** 1. Phone (352) 870-3226 2. Full Name Virginia Justice 2. Full Address **SKIPPED**

3. Full Name Claire Littell3. Full Address **SKIPPED**

3. Phone (321) 437-8541

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Experience/Qualifications

Present/Previous employment relating to this advisory board:

I have 2.5 years experience in investment management.

Present/Previous volunteer experience relating to this advisory board:

N/A

Special Qualifications

As a parent, I understand the value of safe, inclusive spaces for families. My management skills in strategic planning and team leadership, combined with my experience in budgeting and sustainable growth, would help me advocate for park improvements that benefit all residents while ensuring responsible resource use.

How much time do you have monthly to prepare for and attend board meetings?

As much time as needed.

List all county and city boards (Marion County or elsewhere) on which you have previously served (include dates of service).

N/A

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Submission

I authorize Marion County to contact my references and I understand that all statements made on this application may be verified by Marion County, including background checks. In addition, I understand that any misstatements or material omissions on my application may result in my removal from my appointed position.

By typing my name on this application, I accept it as my digital signature.

The applicant agrees to attend at least one (1) advisory board seminar within six (6) months from the date of his or her appointment.

- * Check Box List
- I have read and understand the submission requirements.
- * Digital Signature Kelsey E. Gartland

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