

**MARION COUNTY BOARD OF COUNTY COMMISSIONERS**

**APPLICATION FOR APPOINTMENT TO ADVISORY BOARD**

APPLICATION DATE:

10/29/24  
BOARD NAME: LDRC

**PERSONAL INFORMATION**

Title: Mr. \_\_\_ Mrs. \_\_\_ Ms. ☒

Name: Joan Keefe (Joni)

Address: 4171 NW 55th Ct

City: Ocala State: Fla ZIP: 34402

Phone#: 772-713-3522

E-mail Address: JKeefe7825@gmail.com

Occupation: Retired

If Retired, previous occupation: Business owner 30yr Landsc Firm

**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 ☒

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 ☒

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.

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)

serve community - Vero Beach, Fla. Tree Commission  
City of Basalt, Co. Planning Zoning

**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)? City of Basalt Co P+Z  
City of Vero Beach, Florida, Tree Commission

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

(PLEASE DO NOT USE COMMISSIONERS AS REFERENCES)

Name:

Dr. M. Maholtz

Phone Number: 772.559.8092 Email:

Name:

Robin Kelly

Phone Number: 443.928.4759 Email:

Name:

Jill Kent

Phone Number: 303.588.8117 Email:

INITIAL:

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

INITIAL:

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

INITIAL:

☒ 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:

Joan Keefe

PRINT:

Joan Keefe

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](mailto:Commissionadmin@marionfl.org)

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

MARION COUNTY BCC

NOV 01 2024