

MARION COUNTY BOARD OF COUNTY COMMISSIONERS

APPLICATION FOR APPOINTMENT TO ADVISORY BOARD MARION COUNTY BCC

JUL 17 2025

APPLICATION DATE: 6/28/25
BOARD NAME: TDC

PERSONAL INFORMATION

Name: Robert Walker
Occupation: SELF employed - Canyons Zip Line
Address: 6535 W. Hwy 326
City: Ocala State: FL ZIP: 34482
Phone#: 239-465-9371
E-mail Address: BWALK0305@gmail.com

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

What is your preferred form of communication? Phone 2 Mail Email 1

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 [checked] Female Prefer not to disclose
Physically Disabled: Yes No [checked] Prefer not to disclose
Race: African-American Native-American Caucasian [checked] Other
Hispanic/Latino Asian -American Prefer not to disclose

Are you a registered voter? Yes [checked] No

Do you own homestead property in Marion County? Yes [checked] No

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

[Blank lines for providing employment details]

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 part of the tourism industry here in Ocala for 15 yrs. I am well aware of how vital tourism growth is to our county. I am committed to that goal and would like to help in anyway possible.

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 or COUNTY ADMINISTRATION STAFF as REFERENCES)

Name:

Traci Walker

Phone Number:

[Redacted]

Email:

[Redacted]

Name:

Lonnie Blackburn

Phone Number:

[Redacted]

Email:

[Redacted]

Name:

John Benitez, UBS Financial

Phone Number:

[Redacted]

Email:

[Redacted]

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

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

INITIAL: BW 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: 

DATE: 6/26/25

PRINT: Robert Walker

MARION COUNTY BCC

JUL 1 1 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: Commissionadmin@marionfl.org

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