

# QUESTIONNAIRE FOR DIVERSITY ADVISORY COUNCIL OF HILLSBOROUGH COUNTY

Citizens interested in being considered for appointment **must submit an essay of 200-500 words** highlighting what your goals would be as a member of the Diversity Advisory Council and state why you believe that you are most suited to carry forth those goals. Applicants declining to submit an essay will be eliminated from further consideration for service on the Diversity Advisory Council of Hillsborough County. Applicants **must also submit** a Standards of Conduct Form.

Please select **only one** membership category you would like to represent on the Diversity Advisory Council.

- ☐ African American
 ☐ Indian Asian  
☐ Caribbean
 ☐ Middle Eastern  
☐ Far East Asian
 ☐ Native American  
☐ Gay, Lesbian, Bisexual and Transgender
 ☐ Northern & Southern European  
☐ Hispanic/Latino
 ☐ People with Disabilities

1. Legal Name: \_\_\_\_\_

LAST	FIRST	MIDDLE/MAIDEN

2. Place of Employment:

Title: \_\_\_\_\_

**3. Business Address:**

STREET	P.O. BOX/SUITE
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CITY STATE ZIP PHONE NUMBER

**4. Current Residential Address:**

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**Must list physical address**
P.O. BOX if mailing.

CITY	STATE	ZIP	PHONE NUMBER
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E-MAIL ADDRESS

**Preferred mailing address:**      Business      Home / **Preferred Phone:**

**Note:** Information for the following question will be used to satisfy Equal Opportunity reporting requirements. Your response is optional.

5. Sex: \_\_\_\_\_

6. Date of birth: \_\_\_\_\_ (needed to confirm voter registration/residency)

7. Do you currently serve on any board, council, committee, or authority in the State of Florida?  
\_\_\_\_ Yes \_\_\_\_ No

If yes, list name of board(s): \_\_\_\_\_

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(Please note that unless specifically approved by the Board of County Commissioners (BOCC), no citizen may serve on more than one board/council/committee/authority at a time that is appointed by the BOCC.)

8. Are you a resident of Hillsborough County? \_\_\_\_ Yes \_\_\_\_ No / How long? \_\_\_\_\_

9. Are you a registered voter in Hillsborough County? \_\_\_\_ Yes \_\_\_\_ No

10. Do you have any relatives working for Hillsborough County? \_\_\_\_ Yes \_\_\_\_ No

If yes, list their name, relationship, and office: \_\_\_\_\_

11. If appointed, do you know of any reason whatsoever why you will not be able to attend regularly scheduled meetings or otherwise fulfill the duties of the Diversity Advisory Council?  
\_\_\_\_ Yes \_\_\_\_ No If yes, please explain: \_\_\_\_\_

12. Citizen members shall be appointed in a manner to avoid conflicts of interest or the appearance of conflicts of interest. Do you know of any reason that would prohibit you from serving on this board that could be deemed as a conflict of interest? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please explain: \_\_\_\_\_

13. Have you or a business of which you have been an owner/ officer/employee held any contractual, or other dealings, during the last three years with any HC government agency? (Including the agency to which you seek appointment) \_\_\_\_ Yes \_\_\_\_ No

14. Has a member of your immediate family or business of which they have been an owner/ officer/ employee, held any contractual or other dealings, during the last three years with any Hillsborough County government agency? (Including the agency to which you seek appointment)  
\_\_\_\_ Yes \_\_\_\_ No

If you answered yes to either of the previous questions, please list below.

BUSINESS	YOUR RELATIONSHIP TO BUSINESS	BUSINESS RELATIONSHIP TO AGENCY

15. Please list three people who have known you well within the past five years. Include a current and complete address, phone number, and the capacity in which they have known you. Please list only those people who have given their consent to be used as a reference.

If the information below is exempt from public disclosure per Chapter 119, Florida Statutes (the Public Records Law), please check: \_\_\_\_\_ (Identify which one)

	NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP

16. Name any business, professional, civic, or fraternal organizations of which you are a member, and the dates of your membership. Not Applicable \_\_\_\_\_

ORGANIZATIONS	DATE OF MEMBERSHIP

By signing below, you are affirming that the information you provided is true. For this form to be valid, please sign and date below.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
FAX NUMBER

#### INSTRUCTIONS FOR SUBMITTAL:

**MAIL TO:**  
Boards & Councils Coordinator  
P. O. Box 1110  
Tampa, FL 33601

**SCAN AND E-MAIL TO:**  
[RotgerG@HCFL.GOV](mailto:RotgerG@HCFL.GOV)

**DELIVER TO:**  
601 E. Kennedy Blvd., 2<sup>nd</sup> Floor  
Tampa, FL 33602