



# TAYLOR COUNTY BOARD OF COUNTY COMMISSIONERS

GARY KNOWLES, Clerk  
Post Office Box 620  
Perry, Florida 32348  
(850) 838-3506 Phone  
(850) 838-3549 Fax

LAWANDA PEMBERTON, County Administrator  
201 East Green Street  
Perry, Florida 32347  
(850) 838-3500, extension 7 Phone  
(850) 838-3501 Fax

CONRAD C. BISHOP, JR., County Attorney  
Post Office Box 167  
Perry, Florida 32348  
(850) 584-6113 Phone  
(850) 584-2433 Fax

## Application for the Taylor County Recreation Advisory Board (TCRAB)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Please answer the following questions (use additional pages if necessary)

- |   |     |    |
|---|-----|----|
| 1. Are you 18 years old or older?   | Yes | No |
| 2. Are you a resident of Taylor County?   | Yes | No |
| 3. Are you a registered voter in Taylor County?   | Yes | No |
| 4. Are you willing to spend up to eight (8) hours per month for meetings and workshops? | Yes | No |
| 5. Are you willing to attend all Board Meetings (emergencies excluded)?                 | Yes | No |

Education:

Are you a High School Graduate? Yes No

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Post-Secondary Education:

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

**Technical Training:**

**Name of School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Certificates or Licenses Held:**

**Please List:** \_\_\_\_\_

**College Courses or Graduate:**

**Name of School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

6. Do you or any family member have any affiliation with any business or company that has a vendor relationship with the Taylor County BCC or any other contractual relationship with the Taylor County Board of County Commissioners?

Yes

No

If Yes, please explain:

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7. Please list Board/Business/Volunteer/Work Experience:

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8. Why do you wish to serve on the Taylor County Recreation Advisory Board?

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9. Have you ever been charged with a misdemeanor or felony in any state or federal court? If yes, please explain in detail:

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10. The Taylor County Recreation Advisory Board representatives all sports played at the Taylor County Sports Complex. Please indicate which sport you would like to represent from the following choices in ranking order; first choice, second choice, and third choice and list your experience in each sport.

Rank/Choice: \_\_\_\_\_ Soccer: \_\_\_\_\_

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Rank/Choice: \_\_\_\_\_ Football: \_\_\_\_\_

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Rank/Choice: \_\_\_\_\_ Baseball: \_\_\_\_\_

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Rank/Choice: \_\_\_\_\_ Softball: \_\_\_\_\_

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Rank/Choice: \_\_\_\_\_ Basketball: \_\_\_\_\_

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Rank/Choice: \_\_\_\_\_ Tennis: \_\_\_\_\_

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Rank/Choice: \_\_\_\_\_ Users of the Trail: \_\_\_\_\_

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11. The TCRAAB will be meeting one or two times each month and participates in self-education and orientation. Do you foresee a problem in attending these events?

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**12. Further comments:**

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On behalf of the Taylor County Board of County Commissioners, we thank you for taking the time to complete this application and for offering to volunteer your time, which serves as an investment into the future of recreation in our community.

**Applicant Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return your completed application to the County Administrator's office at 201 E Green Street, Perry, FL 32347. Applications may also be faxed to 850-838-3501 or emailed to [trowell@taylorcountygov.com](mailto:trowell@taylorcountygov.com). Applications are due by February 26, 202 at 4pm.