

Application Form

Disclaimer

Under Florida law, all information, including e-mail, written letters, documents and phone messages, sent to the Alachua County Board of County Commissioners are subject to Public Records law. This includes the sender's e-mail address, home address or phone number if shown in the message, the content of the message and any associated attachments to the mail. If you are exempt from aspects of the public records law pursuant to F.S. 119.071, contact the advisory board coordinator at 352-264-6906 prior to submission of this form.

Please Agree with the Following Statement

I have read the disclaimer above and understand my application is subject to Florida's Public Records Law.

☒ I Agree

Profile

George

First Name

L

Middle Initial

Mells

Last Name

16422 SW 103rd Ave

Home Address

Suite or Apt

Archer

City

FL

State

32618

Postal Code

mellsg@bellsouth.net

Email Address

Home: (352) 258-5548

Primary Phone

Mobile: (352) 258-5548

Alternate Phone

Self

Employer

Retired

Occupation

Education:

Completed 12th grade Some College

Professional Organizations:

Nassau County Mental Health Board NY - 1975

Which Boards would you like to apply for?

Rural Concerns Advisory Committee: Submitted

What position(s) are you applying for?

Rural Concerns Advisory Committee

Interests & Experiences

Are you currently serving or have you ever served on an Alachua County advisory board?

☐ Yes ☒ No

If yes, please list board(s):

Please list any civic and professional accomplishments/honors, training or experience related to this appointment:

Detective - Juvenile Offer Training - NY Nassau County Community Mental Health Board - Congressional Honor President - Newberry Development outreach Services Inc. 501 c3

What Contributions do you feel you could make if you were selected to this board?

Improve and help the local farmers / ranchers' operations and residents living in the agriculture designated areas.

[George_resume.docx](#)

Upload a Resume

Demographics

Some boards and commissions require membership to be racially, politically or geographically proportionate to the general public. The following information helps track our recruitment and diversity efforts.

Ethnicity

☒ Other

Gender

☒ Male

05/04/1943

Date of Birth

Are you over the age of 60? (Required for some boards)

☒ Yes ☐ No

Are you a resident of Alachua County?

☒ Yes ☐ No

If you are an Alachua County resident, how long have you lived in the county?

59 years Birth Place

Supplemental Questions

Some of the boards and committees appointed by the County Commission are required to comply with Chapter 112, Florida Statutes, the Financial Disclosure Law. If applicable, would you be willing to file the required financial statement?

☒ Yes ☐ No

Do you affirm that your personal and business (if applicable) affairs within Alachua County are in substantial compliance with all county regulatory and taxing authorities rules and regulations?

☒ Yes ☐ No

Please Agree with the Following Statement

Appointees to advisory board/committees are required to attend scheduled meetings as specified in the "Guidelines for Citizen Advisory Boards and Committees".

☒ I Agree

Please Agree with the Following Statement

I understand that this completed application is the property of Alachua County and I hereby certify that the statements made on this application are true and correct.

☒ I Agree