

Alachua County Board of Commissioners
Advisory Board Coordinator
PO Box 2877
Gainesville, FL 32602-2877
Telephone: 264-6904, FAX: 338-7363
Confirmation #:7573

Name of Advisory Board/Committee:

Rural Concerns Advisory Committee

Applying For:

Member Chosen At Large

First Name:

DEWAYNE

Middle Initial:

Last Name:

BAINES

Suffix:

Address:

2246 N.W. 31ST AVE

City:

GAINESVILLE

Zip Code:

32605

E-Mail Address:

de_wayneb@yahoo.com

Home Phone:

(352) 665-9179

Work Phone:

Ext:

Occupation:

unemployed

Place of Employment

Education:

Master of Social Work

Professional Organizations:

Age (60 and over):

Optional - Check the Race/Ethnic Group with which you identify:

African-American

Are you a resident of Alachua County?

Yes

If yes, how long?

40 years

If no, what county?

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

Yes

If yes, please list board(s):

I have serve on the disability advisory board

Civic and Professional Accomplishments/Honors:

I have completed my Master degree in Social Work.

Training or Experience Related to the Appointment:

Through my education background I have learned a lot about the healthcare field.
I believe I would be a great asset to the Health Care Advisory Board

What contributions do you feel you could make if you were selected for this board?

I could bring insight for a person who have live in a rural area.

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

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

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

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.

Checked