

Alachua County Board of Commissioners
Advisory Board Coordinator
PO Box 2877
Gainesville, FL 32602-2877
Telephone: 264-6904, FAX: 338-7363
Confirmation #:7330

Name of Advisory Board/Committee:

Health Care Advisory Board

Applying For:

Representative - Wellflorida Council, Inc (Must have letter of nomination;
(formerly Community Advocacy Group - changed 2009))

First Name:

Lindsey

Middle Initial:

K

Last Name:

Redding

Suffix:

Address:

1785 NW 80th Blvd

City:

Gainesville

Zip Code:

32606

E-Mail Address:

lredding@wellflorida.org

Home Phone:

Work Phone:

(352) 313-6500

Ext:

110

Occupation:

Director

Place of Employment

WellFlorida Council

Education:

MPH, BS

Professional Organizations:

NACCHO, FPHA

Age (60 and over):

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

White

Are you a resident of Alachua County?

Yes

If yes, how long?

34 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 served on this board (The Health Care Advisory Board)

Civic and Professional Accomplishments/Honors:

Training or Experience Related to the Appointment:

As the Director of Community Initiatives at WellFlorida Council, I am responsible for the development of health related needs assessments for a 16 county service area. Through these needs assessments, counties, hospitals, nonprofit organizations, develop improvement plans aimed at improving the health and quality of life of residents.

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

secondary data, primary data, information regarding neighboring counties and their work towards providing care for indigent populations.

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