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.

Submit Date: Jul 31, 2020

ocordinator at 602 204 6000 phor	10 3001111331	on or uno torm.		
Please Agree with the Following	g Statement	t		
I have read the disclaimer abov Public Records Law.	e and unde	rstand my applicat	ion is subject to	Florida's
I Agree				
Profile				
Paul		Gabbard		
First Name	Middle Initial	Last Name		
310 Riley Lake Drive				
Home Address			Suite or Apt	
Hawthorne			FL	32640
City			State	Postal Code
pfgabbard@hotmail.com				
Email Address			_	
M I II (050) 050 0740				
Mobile: (352) 359-2713 Primary Phone	Home:		_	
Self Employed	0			
Employer	Occupation			
Education:				
BA- General Theatre MA-Arts Admi	nistration MF	A-Playwrighting (Curr	rently)	
Professional Organizations:				
Stage Directors and Chorgraphers Dramatist Guild ArtsforAll Florida	Society Florid	la Theatre Conference	e Southeastern Th	eatre Conference
Which Boards would you like to	o apply for?			
Arts Council of Alachua County: Ap	pointed			

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What position(s) are you applying for?
Board Member
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:
What Contributions do you feel you could make if you were selected to this board?
Grant Review, Arts Admin, Community Connections
Gabbard Paul Resume.pdf 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
Gender
08/20/1976 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?

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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?

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?

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

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