



The Children's Trust of Alachua County Application

Name: Elizabeth Cole Patton
FIRST MIDDLE LAST
Street Address: 633 Turkey Creek
City: Alachua State: FL Zip: 32615
E-Mail Address: elizabeth.patton@oceanmedia.com
Home Phone: — Mobile Phone: (352) 222-6575
Work Phone: (352) 332-8808 Ext.: —

Section 1 – General Information

List all your places of residence for the last ten (10) years:

Address	City & State	Dates: From / To
<u>633 Turkey Cr.</u>	<u>Alachua, FL 32615</u>	<u>6/05 – Current</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all your former and current residences outside of Florida that you have maintained at any time during adulthood:

Address	City & State	Dates: From / To
n/a		

Have you ever been convicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150.00 or less was paid.)

Yes ☐ No ☒

If "Yes" give details:

Date	Place	Nature	Disposition

Section 2 – Education and Background

High School: Lake Brantley Altamonte Spgs, Year Graduated: 1991
 (Name) (Location) FL

List all postsecondary education institutions attended:

Name	Dates	Degree Received	Major Field of Study
UF	91-96	BS	Psychology
UCF	96-98	MS	Clinical Psychology
FSU	11-12	Infant Mental Health	Therapist Trng.

Are you or have you ever been a member of the armed forces of the United States? Yes ☐ No ☒

If "Yes" list:

Dates of service: _____

Branch or component: _____

Date & type of discharge: _____

Concerning your current employer and for all of your employment during the last ten years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

Employer's Name & Location	Type of Business	Occupation Title	Period
Queen of Peace Catholic Academy Gainesville		Director of Student Affairs	8/08 - 6/10 ; 8/13 -
Children's Home Society FL	child welfare	Clinical Supervisor	6/10 - 8/13 current
UF Child Protection Team	child welfare	Clinical Coordinator	3/05 - 8/08

Have you ever been employed by any state, district, or local governmental agency in Florida?

Yes ☐ No ☒

If yes, identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

Position	Employing Agency	Period of Employment

Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes ☐ No ☒

If "Yes", please list:

Have you ever been elected or appointed to any public office in this state? Yes ☒ No ☐

If "Yes", state the office title, dates in office, level of government (independent special district, trust, council, committee, city, county, district, state, federal), and whether you were elected or appointed (if appointed, by whom):

Office Title	Dates in Office	Level of Government	Election or Appointment
Member	2016 - 2019	County	Children's Services Advisory Board

If your service was on an appointed board(s), committee(s), or council(s):

- (1) How frequently were meetings scheduled: Bi-Weekly
(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reason(s) for your absence(s).

Meetings Attended

Meetings Missed

Reason for Absence

40

7

Employment: mandatory meetings

Has probable cause ever been found that you were in violation of the Code of Ethics for Public Officers and Employees, Part III, Chapter 112, F.S.? Yes ☐ No ☒

If "Yes", give details:

Date

Nature of Violation

Disposition

Have you ever been suspended from any office by the Governor of the State of Florida?

Yes ☐ No ☒

If "yes", list:

Title of Office: _____ Reason for Suspension: _____

Date of Suspension: _____ Result: Reinstated _____ Removed _____ Resigned _____

Have you previously been appointed to any office that required confirmation by the Florida Senate?

Yes ☐ No ☐

If "Yes", list:

(1) Title of Office: _____

(2) Term of Appointment: _____

(3) Confirmation Result: _____

Have you ever been refused a fidelity, surety, performance, or other bond?

Yes ☐ No ☒

If "Yes", explain:

License/Certificate	Title/Number	Date Issued	Issuing Authority	Disciplinary Action/Date

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 ☐

Section 3 – References and Experience

State your experiences and interests or elements of your personal history that qualify you for this appointment:

My career has centered around increasing the functionality and health of children and families. Child welfare is the foundation for every decision I make as a parent, therapist, educator and advocate. I've spent decades working in various settings with the goal of positively impacting children and family well-being.

Please list specifically any degree(s), professional certification(s), or designation(s) related to the subject matter of this appointment:

MS-Clinical Psychology (LMHC-MH6764) Qualified Supervisor
Infant Mental Health Therapist
Child Parent Psychotherapy

Please list any awards or recognitions you have received relating to the subject matter of this appointment:

Please identify all association memberships and offices (including any business, professional, occupational, civic or fraternal organizations) you have held or hold relating in the last 10 years.

Name of the Association	Role	Dates of Membership
FAIMH * FL Assoc. of Infant Mental Health	Member	2012- Current

Are you currently serving or have you ever served on an Alachua County Advisory Board?

Yes ☒ No ☐

If "Yes", please list board(s):

Children's Services Advisory Board: Alachua Co.

Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you seek appointment? Yes ☐ No ☒

If "Yes", explain:

List three persons who have known you well within the past five (5) years. Include a current telephone number. Exclude your relatives.

Name	Organization	Phone Number
Tammie Vassou	QPA	352-332-8808
Heather Parbst	Velocity Consulting	352-665-3561
Matthew Webster	CPPI	352-494-2697

Areas of Experience/Advanced Knowledge/Training:

(Check all that apply)

<input type="checkbox"/>	LGBTQ Issues	<input checked="" type="checkbox"/>	Faith-Based
<input type="checkbox"/>	Law Enforcement/Juvenile	<input type="checkbox"/>	Economic Diversity
<input type="checkbox"/>	Business	<input type="checkbox"/>	Higher Education
<input checked="" type="checkbox"/>	Mental Health/Substance Abuse	<input type="checkbox"/>	Juvenile Justice
<input checked="" type="checkbox"/>	Early Childhood Education	<input type="checkbox"/>	Teen Pregnancy
<input type="checkbox"/>	Drop Out Prevention	<input checked="" type="checkbox"/>	After-School/Out Of School Care
<input checked="" type="checkbox"/>	Education & Child Development	<input checked="" type="checkbox"/>	Experience Advocating for Children
<input checked="" type="checkbox"/>	Health Prevention for Young People	<input checked="" type="checkbox"/>	Children & Teen Health Issues
<input type="checkbox"/>	Other (If other, please explain)		

What contributions do you feel you could make if you were recommended to the Governor to this board?

My experience working with children and families has not been limited to one group. I've served families of various economic, cultural and educational backgrounds. My educational opportunities have provided pertinent background knowledge and awareness of challenges and strengths in current systems. I am familiar with this community and its resources both historical and current.

Section 4 – Possible Conflict of Interest

Have you, or businesses of which you have been an owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local government agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes ☐ No ☒

If "Yes", explain:

Name of Business	Your Relationship to Business	Business Relationship to Agency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have members of your immediate family (spouse, child, parent(s), siblings(s)), or business of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida. Yes ☐ No ☒

If "Yes", explain:

Name of Business Relationship to You Relationship to Business Business Relationship to Agency

Have you ever had a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? **Yes** **No**

(1) Did you receive any compensation other than reimbursement expenses? **Yes** **No**

(2) Name of agency or entity you lobbied and the principal(s) you represented:

Agency Lobbied

Principal Represented

If you agree, please type or write your initials for each of the following statements:

- (1) If appointed, I agree to follow, as applicable to the position, Florida's public records and open meeting laws. EP
- (2) If appointed, I agree to follow, as applicable to the position, the Code of Ethics for Public Officers and Employees, Part III, Chapter 112, F.S. EP
- (3) I affirm that my 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

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

(This information helps us provide diversity on our advisory boards.)

<input type="checkbox"/>	African American	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Bi-Racial / Multi-Racial	<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	Native American	<input type="checkbox"/>	Pacific Islander	<input checked="" type="checkbox"/>	White	<input type="checkbox"/>	Other

☒ 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 (must be read and checked).

To complete the application, please download application, save it to your computer, complete and then submit by email to childrenstrust@alachuacounty.us or fax at 352-264-6703.

