

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

F.parker

First Name

Lawerence

Middle Initial

Last Name

2101 NW 24th Avenue

Home Address

Suite or Apt

Gainesville

City

FL

State

32605

Postal Code

lawrencelaw@bellsouth.net

Email Address

Home: (352) 376-0800

Primary Phone

Home: (352) 373-4160

Alternate Phone

Retired

Employer

Attorney

Occupation

Education:

BSEE UF, Juris Doctor, UF

Professional Organizations:

8th Judicial Circuit Bar Association North Florida Estate Planning Council, director

Which Boards would you like to apply for?

Health Facilities Authority: Submitted

What position(s) are you applying for?

Renewal as member of HFA

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):

HFA (Alachua County Health Facilities Authority) currently Chairman

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

Captain, Retired, US Navy Reserve. See prior application; Member and President of Kiwanis Club of Gainesville, Member and President of Rotary Club of Gainesville; Leadership Gainesville VII; Director, North Central Florida Safety Council

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

If re-appointed, I will continue to apply my leadership skills, critical thinking and familiarity with applicable laws, rules and regulations governing our HFA, and years of experience in working with UF Health, Santa Fe Health Care/Senior Living, LifeSouth Community Blood Center, Oak Hammock at UF,

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

☒ Caucasian/Non-Hispanic

Gender

☐ Male

11/24/1944

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?

since November 1944-76 years

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