RECEIVED

NOV 1 2 2023

HERNANDO COUNTY BOARD OF MISSIONERS

HERNANDO COUNTY BOARD OF COUNTY COMMISSIONERS BOARD/COMMITTEE APPLICATION

Please type or print clearly

Name of Board/Committee Libra	ry Advisory Committee						
Check one:	Full Member Position □ Alternate Member Position						
Name Marguerite T. Wollerto	on						
	name must be listed as it appears on your voter registration card)						
RECORD UPON SUBMITTING EXEMPTION TO THE RELEA THE BASIS OF YOUR EXEMP OUESTIONS COULD RESULT	TION IS REQUIRED FOR COUNTY RECORDS AND BECOMES PUBLIC THIS APPLICATION. IF YOU BELIEVE THAT YOU QUALIFY FOR AN SE OF THIS INFORMATION, PURSUANT TO F.S. 119.07, PLEASE STATE PTION. YOUR FAILURE TO ANSWER FULLY AND TRUTHFULLY ALL IN YOUR APPLICATION BEING DENIED OR YOUR SUBSEQUENT ED/COMMITTEE IF APPOINTED.						
Address 31196 Lancewood Dr	*						
City Brooksville	Zip 34602						
Telephone 352 796 0303	(home)(business)						
E-mail address emptywol@tamp	pabay.rr.com						
Are you a resident of Hernando	County? yes						
Voter Registration Number	· · · · · · · · · · · · · · · · · · ·						
(Please in	o State; MA Social Science, Azusa Pacific University; nclude any certificates, awards, diplomas, degrees, professional license numbers, etc.)						
Ed.D., Fielding University							
Employment History 14 years H (Attach a 10 years Azusa Pacific University, A	ernando Christian Academy - retired 2019; a resume II avallable) Azusa CA						
Licenses or Certificates Held A	CSI permanent teaching certificate;						
	ching certificate; approved to teach AP English courses						
Have you ever previously applied	d for a position on any County Board/Committee? Yes						
If yes, please state the Board(s)/C	Committee(s) you applied for, when you applied, and whether you were appointed.						
I have already served on this b	oard for one term. This is the application for a second term.						
misdemeanor? No	plead guilty or no contest, or entered into PTI for a felony or 1st/ 2nd degree						
	not automatically disqualify you for consideration.						
If yes, what charges?							
NAME OF THE PARTY	defendant in a criminal case? No						
If yes, what charges?							
Have you ever been named as a defendant in a civil action suit? No							
If yes, when and describe action							

Please state your reasons for applying to this Board/Committee Originally went to Geneseo state to become a librarian. I have been impressed with the wide variety of services the library system of Hernando County offers. I would be privileged to serve again.

Please list three character references of persons NOT related to, NOT an employer, NOT an employee of you or your company, and whom you have known at least one (1) year. Please include addresses and phone numbers.

1. Dawn Hester, HCA 7200 Emerson, B, ville 34601 796-0616

2. Belinda Manual, HCA 7200 Emerson B'ville 34601 796-0616

I hereby request consideration as a committee/board appointee. It is my intention to familiarize myself to the duties and responsibilities of the office to which I may be appointed, and to fulfill the appointment to the best of my ability, exercising good judgement, fairness, impartiality, and faithful attendance. By my signature below, I hereby authorize Hernando County to check my references and my background, including, without limitation, obtaining a criminal history check. I also agree to file a Financial Disclosure form as required by State law, if applicable, and abide by provisions of the State Sunshine Law.

I hereby swear and affirm, under Penalty of Perjury, that the above information is true and correct.

Applicant's signature Mary werete Walter 2

(Please direct all inquiries to the County Administrator s Office at 754-4002.)

3. Chris McClellen, c/o Vineyard, 375 S. Broad St. B'ville 813 785 0444

Completed applications may be submitted to the County Administrator's office, 20 North Main Street, Room 263, Brooksville, Florida 34601, or faxed to 352-754-4477.



Hernando County Background Consent / Release Form

As a volunteer applicant, I understand and acknowledge that an investigative report may be compiled on me. This report may include information regarding any criminal records, and from various public and private sources including law enforcement agencies at the Federal, State or County level, courts record repositories, sexual offender registries and any other source required to verify information that I have voluntarily provided.

PERSONAL INFORMA	ATION	EN AGE OF A PERSON					
Legal Name:	Marguerite Thayer Wollerton						
Date of Birth:	09/18/1950						
Other Names Used:							
other Hames oses.	(Legal Name) First		M.I.	Las	t		
Dates Used (from/to):							
Home Phone #:	352 796 0303						
Cell Phone #:							
E-mail Address:	emptywol@tampabay.rr.com						
Are you 18 years of ag	e or older?			☑ Yes	□No		
GEOGRAPHIC INFOR	MATION		是是對於		4-1-1		
Current Address:	31196 Lancewood	Dr					
City, State, Zip:	Brooksville, FL 34602						
Time at this address:	18	Years		Month			
Previous Address:	31188 Lancewood Dr,						
City, State, Zip :	Brooksville FL 34602						
Time at this address		Years	4	Month			
By signing below, you reservation, any age information. You furth any time during your reauthorization is to be of the state of the sta	ncy contacted by ner authorize ongoin elationship with Hern onsidered and accep	Hernando g procurer ando Coun	County to ment of the all ty. You agree e same autho	furnish the above- pove-mentioned info that a fax or photoc	mentioned ormation at copy of this		
App		Date					