



Hernando/Citrus Metropolitan Planning Organization  
Board & Committee Volunteer Application  
(Please type or print clearly)

Name: ANA R. ARIAS-CÁCERES

(Your name must be listed as it appears on your driver's license)

THE FOLLOWING INFORMATION IS REQUIRED FOR COUNTY RECORDS AND BECOMES PUBLIC RECORD UPON SUBMITTING THIS APPLICATION. IF YOU BELIEVE THAT YOU QUALIFY FOR AN EXEMPTION TO THE RELEASE OF THIS INFORMATION, PURSUANT TO F.S. 119.07, PLEASE STATE THE BASIS OF YOUR EXEMPTION.

Are you a resident of Hernando County? \_\_\_\_\_ Citrus County? YES For how long? 9 MONTHS

Do you reside within the city limits of Brooksville? \_\_\_\_\_ Crystal River? \_\_\_\_\_ Inverness? YES

Physical Address 9898 S. APBALDOSA AVE. City FLORAL CITY Zip 34436

Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (home/cell) (407) 913-6933 Business/Other \_\_\_\_\_ Email ARIAS-ANAROSA@YAHOO.COM

Occupation FREE LANCE

These committees may require travel outside of our county of residence. Are you willing to travel to Hernando or Citrus Counties as necessary to participate in meetings and remain active? Yes X No \_\_\_\_\_

Brief Resume of Education and Experience (Please include any certificates, awards, diplomas, degrees, professional license numbers, etc.). UPR, Carolina, P.R.

ASSOCIATE DEGREE COMMUNICATIONS, ADVERTISING, MARKETING, RADIO, TV, PODCASTER

JOURNALIST, WRITER, PROJECT MANAGER, NOTARY PUBLIC, GRADUATE CITIZEN ACADEMY

CITRUS COUNTY - FALL 2024  
Why are you interested in serving on this Board/Committee? I'M PASSIONATE ABOUT SERVING AND HELPING  
SHARING MY EXPERIENCE AND KNOWLEDGE. INVEST MY TIME IN GENERATING A POSITIVE  
IMPACT. FULFILL MY SOCIAL RESPONSIBILITY. BEING THE VOICE OF THE SMALL HISPANIC  
COMMUNITY IN CITRUS COUNTY.

Please list three references, including address, phone numbers and email address. (813) 270-3757  
1. Orlando López - 13895 SW 33rd Court Rd Doral, FL 34473 elsakerrorromantico@gmail.com  
2. INDIRA FALCÓN - 302 E. Kirby St. Tampa, FL 33604 INDYFAL@gmail.com (863) 582-2703  
3. Rafael Arias - 314 Bequidia Ct. Poinciana, FL 34759 (321) 443-3577  
KOKAY10@yahoo.com

Board/Committee Interested in Volunteering for:

\_\_\_\_\_BICYCLE/PEDESTRIAN ADVISORY COMMITTEE (BPAC) - 2-year term, 11 members

X CITIZENS ADVISORY COMMITTEE (CAC) - 2-year term, 11 members

\_\_\_\_\_HERNANDO COUNTY TRANSPORTATION DISADVANTAGED LOCAL COORDINATING BOARD (TDLCB) - 3-year term, 17 members (some positions require agency participation.)

\_\_\_\_\_CITRUS COUNTY TRANSPORTATION DISADVANTAGED LOCAL COORDINATING BOARD (LCB) - 3-year term, 17 members (some positions require agency participation.)

Is there a specific Board/Committee position you are interested in applying for? If so, please list the position below:

Minority Representative - Citrus County

Have you ever been convicted of a felony or a misdemeanor (or similar offense) by court martial or plead nolo contendere (no contest) to such an offense, or plead guilty to such an offense (including all instances of the foregoing, even if adjudication was withheld or if you were placed on probation)?

(Answering Yes does not automatically disqualify you for consideration) Yes \_\_\_\_\_ No X

If yes, state the court, crime committed, disposition of case, and dates N/A

Emergency Contact #1: YERNY MARIN Relationship: Husband Phone No. (213) 713-3664

Emergency Contact #2: Indiana Falcon Relationship: Daughter Phone No. (863) 522-2708

I hereby request consideration as a board/committee appointee. It is my intention to familiarize myself with 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 judgment, fairness, impartiality, and faithful attendance. I also agree to file a Financial Disclosure form as required by State law, if applicable, and abide by the provisions of the Government-in-the-Sunshine State Law.

I, the above-named applicant, agree to act as a volunteer for Hernando/Citrus Metropolitan Planning Organization (the "MPO"). I acknowledge and agree that activities performed by me as a volunteer will be performed strictly on a volunteer basis, without any pay, compensation, or benefits. I agree to comply with the rules and regulations established by the MPO to include, but not limited to, accurate recording of volunteer hours. Failure to comply with the rules and regulations may result in my immediate removal as a volunteer. If I am convicted of or plead no contest to a crime during my tenure as a volunteer, I agree to notify the Volunteer Coordinator immediately. I understand that during my volunteer activities, I may encounter individuals who have not received a background screening.

I agree X I do NOT agree \_\_\_\_\_

I grant Hernando County full permission to use my photographs, videotapes, or any other manner of recording my participation in this Program for any purpose.

I hereby confirm that I have read and understand this application and that all information furnished by me is true and accurate. I understand that to be considered for this committee, I must be a resident of the county I am representing (either Hernando or Citrus County) and cannot be an elected official and/or a technical person involved in transportation planning in the county I am representing.

ANA R. ARIAS-LACERES

(Printed Name)

Ana R. Arias-Laceres

(Signature)

1/20/2025

(Date)

FEB. 6, 2025 TBA

Please complete this form and return it to:

Hernando/Citrus MPO  
789 Providence Boulevard  
Brooksville, Florida 34601  
Email: [mpo@hernandocounty.us](mailto:mpo@hernandocounty.us)

\*2-6-24 Updated address