

This form has fill-in fields that you can type your responses into, then print the form.

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OCT 17 2022

HERNANDO COUNTY  
BOARD OF  
COUNTY COMMISSIONERS

HERNANDO COUNTY  
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BOARD/COMMITTEE APPLICATION

Please type or print clearly

Name of Board/Committee Hernando County Art Council  
Check one:  Full Member Position  
 Alternate Member Position

Name Autum Proctor  
(Your name must be listed as it appears on your voter registration card)

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. YOUR FAILURE TO ANSWER FULLY AND TRUTHFULLY ALL QUESTIONS COULD RESULT IN YOUR APPLICATION BEING DENIED OR YOUR SUBSEQUENT REMOVAL FROM ANY BOARD/COMMITTEE IF APPOINTED.

Address 4546 Bridgewater Club Loop

City Spring Hill Zip 34607

Telephone 603-560-5003 (home) 603-560-5003 (business)

E-mail address travelingartparties@gmail.com

Are you a resident of Hernando County? yes

Voter Registration Number \_\_\_\_\_

Education Pasco Hernando State College

(Please include any certificates, awards, diplomas, degrees, professional license numbers, etc.)  
Certified nursing assistant

Certified Bob Ross Instructor

Employment History \_\_\_\_\_  
(Attach a resume if available)

Licenses or Certificates Held \_\_\_\_\_

Have you ever previously applied for a position on any County Board/Committee? no

If yes, please state the Board(s)/Committee(s) you applied for, when you applied, and whether you were appointed.

Have you ever been convicted, plead guilty or no contest, or entered into PTI for a felony or 1<sup>st</sup>/ 2<sup>nd</sup> degree misdemeanor? no

Answering yes does not automatically disqualify you for consideration.

If yes, what charges? \_\_\_\_\_

Are you currently involved as a defendant in a criminal case? \_\_\_\_\_

If yes, what charges? \_\_\_\_\_

Have you ever been named as a defendant in a civil action suit? \_\_\_\_\_

If yes, when and describe action. \_\_\_\_\_

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Please state your reasons for applying to this Board/Committee Ive lived in Hernando over half my life, I love the growing art community, and have participated in tons of the events. I plan events for a living, and teach

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. Grant Wells (Spouse) 352-848-9202
2. Shay Munson 352-403-9555
3. Evie Harper 352-556-9218

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 

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

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 INFORMATION

Legal Name: Autum Proctor

Date of Birth: 05-11-1988

Other Names Used: \_\_\_\_\_  
(Legal Name) First M.I. Last

Dates Used (from/to): \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone #: 603-560-5003

E-mail Address: travelingartparties@gmail.com

Are you 18 years of age or older?  Yes  No

## GEOGRAPHIC INFORMATION

Current Address: 4546 Bridgewater Club Loop

City, State, Zip : Spring Hill FL, 34607

Time at this address: 5 Years \_\_\_\_\_ Month

Previous Address: 9599 Northcliffe Blvd

City, State, Zip : Spring Hill FL, 34609

Time at this address 2 Years \_\_\_\_\_ Month

By signing below, you hereby authorize, empower and release from all liability, without reservation, any agency contacted by Hernando County to furnish the above-mentioned information. You further authorize ongoing procurement of the above-mentioned information at any time during your relationship with Hernando County. You agree that a fax or photocopy of this authorization is to be considered and accepted with the same authority as the original.

Autum Proctor  
Applicant's Signature

11/18/2022  
Date

# Autum Proctor

Extremely driven in any line of work, able to pick up on tasks at an accelerated pace. I'm well rounded in the medical field learning tasks and continuing education.

4546 Bridgewater Club Loop Spring Hill, Fl 34607 603-560-5003 [autumlee1988@yahoo.com](mailto:autumlee1988@yahoo.com)

## WORK EXPERIENCE

### **Interim Healthcare** — CNA

07/2015 to 05/2017, Spring Hill

Responsibilities included, personal care, transporting patients from home to appointments, monitoring med Intake, transferring patients, light housekeeping.

### **Springbrook** — Med Tech

03/2017 to 07/2019, Brooksville, Fl 34613

My position as a Mental Health Tech required patient care with monitoring baker-acts, inpatient care as far as blood pressure readings, temp checks, etc., daily activities director, making sure patients attended meetings, doctors appointments, and mental healthcare.

### **Target** — Retail Associate

10/2019 to Present, Spring Hill, Fl 34607

Pushing truck freight, customer service, register trained, online orders, job requires extreme organizational as to large amounts of freight that comes through. Setting new isles for upcoming products.

### **Traveling Art Parties** — Owner

06/2019 to Present, Spring Hill, Fl 34607

I currently own a small business. This is a night and weekend business only as working full time day side is priority. I am a Mobil paint, and sip company and sole owner. I travel to home or businesses to teach paint classes.

## EDUCATION

### **Pasco Hernando Community College** — Certified Nursing Assistant

02/2014 to 05/2015

State required hours of CNA course completion. State Board required exam.

Worked as a CNA for seven years between home health, and various facilities.

Courses required such as billing, clinicals, psychology, medical terminology, CPR certified, blood borne pathogens certification.