

**HERNANDO/CITRUS  
METROPOLITAN PLANNING ORGANIZATION  
BOARD / COMMITTEE APPLICATION**

(Please type or print clearly.)

Name Jeanrosia Nolen  
(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? Yes Citrus County? \_\_\_\_\_ For how long? 5 years

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

Physical Address 117 S Brooksville Ave City Brooksville Zip 34601

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

Telephone (home) 303-260-8436 (business/other) \_\_\_\_\_ Email giovannis35@hotmail.com

Education B.S. Human Services  
(Please include any certificates, awards, diplomas, degrees, professional license numbers, etc.)

Present Employment Life Stream Behavioral Center

These committees may require travel outside of your county of residence. Are you willing to travel to Hernando or Citrus Counties as necessary to remain active and keep current on committee issues and participate in meetings? Yes

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? 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: Representation for minority community. ☺

Please list three references, including addresses, phone numbers and email address. 352-650-6337

1. Tara Good 26456 Papei Rd Brooksville FL 34602
2. Samantha Telfson 16308 Eupton St Brooksville 352-397-9410
3. Bonnie Waltrous 3 Brooksville Ave 352-678-9305

*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 State Sunshine Law.*

**APPLICANT'S SIGNATURE** Jim Holm **DATE** 2-14-25

**POSITION APPLYING FOR:** \_\_\_\_\_ (ALL POSITIONS ARE STRICTLY VOLUNTARY)

\_\_\_\_\_ **BICYCLE/PEDESTRIAN ADVISORY COMMITTEE (BPAC)** – 2 year term, 11 members

☒ **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.)

Completed applications may be submitted to the Hernando/Citrus MPO, 1661 Blaise Drive,  
Brooksville, Florida 34601, email \_\_\_\_\_, or fax to 352-754-4420.