



The Children's Trust of Alachua County Application

Name: R. Denise McGinnis-Brown

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City: Alachua State: FL Zip: 32615

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Section 1 – General Information

List all your places of residence for the last ten (10) years:

Address	City & State	Dates: From / To
14349 NW 159 Place, Alachua, FL 32615		02/13 to Present

List all your former and current residences outside of Florida that you have maintained at any time during adulthood:

Address	City & State	Dates: From / To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been convicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150.00 or less was paid.)

Yes No

If "Yes" give details:

Date	Place	Nature	Disposition
January 1983,	Gainesville,	Misdemeanor,	Worthless Checks, 7 days County Jail
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section 2 – Education and Background

High School: Eastside High School, Gainesville, FL Year Graduated: 1980
(Name) (Location)

List all postsecondary education institutions attended:

Name	Dates	Degree Received	Major Field of Study
Santa Fe Community	- 08/87-08/90	AA	Sociology
Florida State University	- 08/90-04/92	BS	Sociology
Nova Southeastern University	- 08/93-08/97	MS	Education
Saint Leo University	- 08/20 to 08/21	- Started a doctorate program in educational leadership	
_____	_____	_____	_____
_____	_____	_____	_____

Are you or have you ever been a member of the armed forces of the United States? Yes No

If "Yes" list:

Dates of service: _____

Branch or component: _____

Date & type of discharge: _____

Concerning your current employer and for all of your employment during the last ten years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

Employer's Name & Location	Type of Business	Occupation Title	Period
Hagios Early Learning Center	Preschool	Director & Owner	08/17 to Present
Howard Bishop Middle School	Public School	Teacher	- 08/15-02/17
Pace Schools for Girls	School	Teacher	- 08/14-08/15
NAFI (ARJDC)	School	Teacher	- 08/10 to 08/14

Have you ever been employed by any state, district, or local governmental agency in Florida?

Yes No

If yes, identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

Position	Employing Agency	Period of Employment

Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes No

If "Yes", please list:

Have you ever been elected or appointed to any public office in this state? Yes No

If "Yes", state the office title, dates in office, level of government (city, county, district, state, federal), and whether you were elected or appointed (if appointed, by whom):

Office Title	Dates in Office	Level of Government	Election or Appointment

If your service was on an appointed board(s), committee(s), or council(s):

- (1) How frequently were meetings scheduled: _____
- (2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reason(s) for your absence(s).

Meetings Attended	Meetings Missed	Reason for Absence
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Has probable cause ever been found that you were in violation of the Code of Ethics for Public Officers and Employees, Part III, Chapter 112, F.S.? Yes No

If "Yes", give details:

Date	Nature of Violation	Disposition
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Have you ever been suspended from any office by the Governor of the State of Florida?

Yes No

If "yes", list:

Title of Office: _____ Reason for Suspension: _____

Date of Suspension: _____ Result: Reinstated ___ Removed ___ Resigned ___

Have you previously been appointed to any office that required confirmation by the Florida Senate?

Yes No

If "Yes", list:

(1) Title of Office: _____

(2) Term of Appointment: _____

(3) Confirmation Result: _____

Have you ever been refused a fidelity, surety, performance, or other bond?

Yes No

If "Yes", explain:

License/Certificate	Title/Number	Date Issued	Issuing Authority	Disciplinary Action/Date

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

Section 3 – References and Experience

State your experiences and interests or elements of your personal history that qualify you for this appointment:

I am a retired teacher and business owner, and I feel that I would be an asset for this appointment from an educational standpoint, as I have worked both in the early childhood setting and a 6th-12th grade setting.

Please list specifically any degree(s), professional certification(s), or designation(s) related to the subject matter of this appointment:

I have a State of Florida's Director's Credential, a State of Florida Teacher's Certificate, an Honorary Degree in Theology, and I am on the board with the North Central Florida Public Charter School.

Please list any awards or recognitions you have received relating to the subject matter of this appointment:

None, other than above.

Please identify all association memberships and offices (including any business, professional, occupational, civic or fraternal organizations) you have held or hold relating in the last 10 years.

Name of the Association	Role	Dates of Membership
North Central Florida Public Charter School, Board Member, Since 2017.		

Are you currently serving or have you ever served on an Alachua County Advisory Board?

Yes No

If "Yes", please list board(s):

Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you seek appointment? Yes No

If "Yes", explain:

List three persons who have known you well within the past five (5) years. Include a current telephone number. Exclude your relatives.

Name	Organization	Phone Number
Pastor Gerard Duncan,	Prayers By Faith Church,	(352) 283-2185
Randy Starling,	North Central Florida Public Charter School,	(352) 745-6601
Candie Nixon,	Alachua County Social Services,	(352) 226-2548

Areas of Experience/Advanced Knowledge/Training:

(Check all that apply)

<input type="checkbox"/>	LGBTQ Issues	<input checked="" type="checkbox"/>	Faith-Based
<input type="checkbox"/>	Law Enforcement/Juvenile	<input type="checkbox"/>	Economic Diversity
<input checked="" type="checkbox"/>	Business	<input type="checkbox"/>	Higher Education
<input type="checkbox"/>	Mental Health/Substance Abuse	<input checked="" type="checkbox"/>	Juvenile Justice
<input checked="" type="checkbox"/>	Early Childhood Education	<input checked="" type="checkbox"/>	Teen Pregnancy
<input checked="" type="checkbox"/>	Drop Out Prevention	<input checked="" type="checkbox"/>	After-School/Out Of School Care
<input checked="" type="checkbox"/>	Education & Child Development	<input type="checkbox"/>	Experience Advocating for Children
<input type="checkbox"/>	Health Prevention for Young People	<input type="checkbox"/>	Children & Teen Health Issues
<input type="checkbox"/>	Other (If other, please explain)		

What contributions do you feel you could make if you were recommended to the Governor to this board?
 I believe that my years of experience and knowledge in the educational field, private and public, as well as my advanced degrees in education and my love for this city, would be of benefit to the Children's Trust of Alachua County's Board. I am a hardworking and dedicated person who is willing to go above and beyond to do what is needed to advocate for the children of Alachua County.

Section 4 – Possible Conflict of Interest

Have you, or businesses of which you have been an owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local government agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes No

If "Yes", explain:

Name of Business	Your Relationship to Business	Business Relationship to Agency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have members of your immediate family (spouse, child, parent(s), siblings(s)), or business of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida. Yes No

If "Yes", explain:

Name of Business Relationship to You Relationship to Business Business Relationship to Agency

Have you ever had a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes No

(1) Did you receive any compensation other than reimbursement expenses? Yes No

(2) Name of agency or entity you lobbied and the principal(s) you represented:

Agency Lobbied

Principal Represented

If you agree, please type or write your initials for each of the following statements:

(1) If appointed, I agree to follow, as applicable to the position, Florida's public records and open meeting laws. *LMB*

Yes No

(2) If appointed, I agree to follow, as applicable to the position, the Code of Ethics for Public Officers and Employees, Part III, Chapter 112, F.S.

LMB
Yes No

(3) I affirm that my personal and business (if applicable) affairs within Alachua County are in substantial compliance with all county regulatory and taxing authorities' rules and regulations.

LMB
Yes No

Optional: Check the Race/Ethnic Group with which you identify:

(This information helps us provide diversity on our advisory boards.)

<input checked="" type="checkbox"/>	African American	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Bi-Racial / Multi-Racial	<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	Native American	<input type="checkbox"/>	Pacific Islander	<input type="checkbox"/>	White	<input type="checkbox"/>	Other

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 (must be read and checked).

To complete the application, download and save it to your computer, then complete the application and save it again. Once it is complete submit it by email to ttonkavich@alachuacounty.us or fax at 352-264-6703.