



The Children's Trust of Alachua County Application

Name: Kenneth Joseph Brighton

Street Address: 982 SW 131 Street

City: Newberry State: FL Zip: 32669

E-Mail Address: kennyjbrighton@gmail.com

Home Phone: _____ Mobile Phone: 954-803-1025

Work Phone: _____ Ext.: _____

Section 1 – General Information

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

Address	City & State	Dates: From / To
982 SW 131 Street	Newberry, FL 32669	April 2023-current
12818 SW 2nd PL	Newberry, FL 32669	November 2018-January 2023
1210 SW 19th Street	Boca Raton, FL 33486	July 2017-November 2018
760 NW 41 Ter	Deerfield Beach, FL 33442	August 1991-July 2017
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Section 2 – Education and Background

High School: Deerfield Beach HS Deerfield Beach Year Graduated: 2003
 (Name) (Location)

List all postsecondary education institutions attended:

Name	Dates	Degree Received	Major Field of Study
University of Florida	2003-2007	BA	Political Science
University of Florida	2007-2009	Master's Degree	Public Affairs
University of Florida	2009-2011	Master's Degree	Family, Youth and Community Sciences (focus on nonprofit management)

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
Chordoma Foundation, PO Box 2127, Durham, NC 27702	Cancer research	Head of Philanthropy	2019-current
ChildNet, 1100 W McNab Rd, Fort Lauderdale, FL 33309	Child Welfare	Director of Fundraising/Communications	2016-2019
Habitat for Humanity of Broward, 505 W Broward Blvd, Fort Lauderdale, FL 33312			
Housing Services	Director of Development/Communications		2014-2016

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

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

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
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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:

My graduate work in both public affairs and family, youth and community sciences has provided me with a

detailed understanding of the principles and core concepts that form the foundation of the Children's Trust.

In addition, my experience as an employee at ChildNet--the community based care lead agency for Broward and Palm Beach Counties--

and a board member of Partnership for Strong Families--the lead agency for North Central Florida--

has given me a deep knowledge of the structures and systems that children and families

need to thrive, and how those structures and systems can be best provided.

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

Master's Degree in Public Affairs

Master's Degree in Family, Youth and Community Sciences

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

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
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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
Chris Dawson	Gray Robinson	850-449-0066
Josh Sommer	Chordoma Foundation	919-530-0601
Sara Nick	Chordoma Foundation	651-895-5454

Areas of Experience/Advanced Knowledge/Training:**(Check all that apply)**

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

As a member of this community—and longtime employee/volunteer in child welfare—I have seen

firsthand the extraordinary needs of children in Alachua County. Through my education and

professional experiences I have developed a deep understanding of how these needs

can be addressed in a manner that is fiscally sound, sustainable and innovative. My

contributions to this board will be focused on creating communitywide partnerships

that can be leveraged in order to implement programs that are able to make an impact by evolving with the changing needs of our children.

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
Partnership for Strong Families	Board Member	Grantee

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.

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.

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.

Yes ☒ **No** ☐

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

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

<input 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 checked="" 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 ctuck@alachuacounty.us or fax at 352-264-6703.