



# Employees Advisory Council



*to continually improve the Pinellas County classified employees' quality of work life*

## Employee Advocate Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Years Employed with County: \_\_\_\_\_

Why do you wish to be an Advocate? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever done volunteer work? If so please describe and give dates.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever filed a grievance? If so when and what was the outcome?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any past experience with resolving a conflict involving someone other than you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Please note: Initial 8 hour training is required. All qualified applicants will interview with the Employee Advocate Advisory Committee, a standing committee of the EAC. By signing this you acknowledge you have read the document [Employee Advocate – Functions and Responsibilities](#). Your supervisor or manager’s approval is required and indicated by their signature below.**

Employee Signature: \_\_\_\_\_

Supervisor/Manager Signature: \_\_\_\_\_

**Return application to:** *Lisa Wombles, EAC Vice Chairman/Solid Waste*

*3095 114<sup>th</sup> Avenue, St. Petersburg, FL 33716*