



APPLICATION FOR APPOINTMENT HUMAN SERVICES COUNCIL

Please complete each blank on all pages of the questionnaire and return it to the office as indicated on this form.
Please type or use black ink.

Name	LAST	FIRST	MIDDLE OR MAIDEN
Residence Address	STREET	CITY	ZIP CODE
Mailing Address	STREET or P.O. BOX	CITY	ZIP CODE
Contact Information: TELEPHONE		FAX	E-MAIL

Please specify the preferred method of contact: Mail Fax E-Mail

- We desire to have diversity on this Committee. Please indicate whether you are a minority.
Check one (Optional) Minority Non-Minority
- How long have you lived in Lee County? _____
- Commission District: Manning Pendergrass Kiker Hamman Mann
- Occupation: _____
(please indicate if attending school/college)
- Do you work for a not-for-profit organization? Yes No
- List your most recent two employers (if applicable).

EMPLOYER	TYPE OF BUSINESS	POSITION	DATES

7. Briefly explain any volunteer activities and or other boards or committees in which you are involved.

8. Check what area is of particular interest to you and why?

- Children's Services Family and Adult Services Older Adult Services Technology

(Please review membership expectations regarding the time commitment for this Council).

Signature

Date

Please be advised that all information contained in this application becomes public record once submitted to Lee County.

Please complete and return application to: Lee County Department of Human Services
Barbara Crist
2440 Thompson Street
Fort Myers, FL 33901

Please Note:

- Meetings will be quarterly.