



**APPLICATION FOR APPOINTMENT  
LEE COUNTY DEPARTMENT OF HUMAN SERVICES  
PARTNERING FOR RESULTS PROPOSAL REVIEW PANEL**

The information will be used to screen applications. Please complete each blank on all pages of the questionnaire and return it to the office indicated on the front of this form. **Please type or use black ink.**

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

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

1. It is desired to have minority participation on this Committee. Please indicate whether you are a minority. Check one (Optional)  Minority  Non-Minority
2. How long have you lived in Lee County? \_\_\_\_\_
3. Commission District:
  - District 1 Commissioner Janes
  - District 2 Commissioner Bigelow
  - District 3 Commissioner Judah
  - District 4 Commissioner Hall
  - District 5 Commissioner Mann
4. Highest Level of Education attained: \_\_\_\_\_
5. Occupation: \_\_\_\_\_  
**(please indicate if attending school/college)**
6. List your most recent two employers (if applicable).

EMPLOYER	TYPE OF BUSINESS	POSITION	DATES

7. Briefly explain any volunteer activities in which you are involved.



8. Describe any special interest in a particular aspect of health and human services.


9. Describe any experience specifically related to budgeting, financial review and analysis.


I am aware that the meetings will be held one day a week during the months of April and May and usually last for two hours. I also understand that a significant amount of time will be needed to review and score the proposals in addition to actually attending the meetings. I do not foresee any future events that may preclude me from serving on this panel. I am interested in serving on this Review Panel and will attend all meetings during the designated times and dedicate adequate time to thoroughly evaluate the proposals.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
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  
2440 Thompson Street  
Fort Myers, Florida 33901  
Attention: Deanna Gilkerson  
Phone: 239-533-7918  
Fax: 239-533-7960