



**PRELIMINARY QUESTIONNAIRE  
FOR ADVISORY COUNCIL  
APPOINTMENTS**

Name:  Mr.  Ms.  Mrs.  Dr. \_\_\_\_\_

Statutory seat:  held  desired: \_\_\_\_\_

Current members – If possible, would you accept a reappointment?

Yes \_\_\_ No \_\_\_

If you seek to be considered for a vacancy or reappointment, please continue:

Home address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: Work ( \_\_\_\_\_ ) \_\_\_\_\_ Home ( \_\_\_\_\_ ) \_\_\_\_\_  
Cell ( \_\_\_\_\_ ) \_\_\_\_\_

Sex: Male \_\_\_ Female \_\_\_

Race: Caucasian \_\_\_ African-American \_\_\_ Hispanic-American \_\_\_  
Asian-American \_\_\_ Native-American \_\_\_ Other \_\_\_\_\_

Are you a United States citizen? Yes \_\_\_ No \_\_\_

Present place of employment: \_\_\_\_\_

Position: \_\_\_\_\_

Brief statement of interest: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*The above information is true and correct to the best of my knowledge.*

\_\_\_\_\_  
(Sign here)

**PLEASE INCLUDE YOUR RESUMÉ/CURRICULUM VITAE.**

**Submit to:**

**Executive Director**

**Florida CURED**

**FSU P.O. Box 3062671**

**Tallahassee, FL 32306-2671**

**FAX: (850) 644-4701**

**Phone: (850) 294-3141**

**Email: liaison@flcured.org**