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2) What do you think should be the purpose of this board?

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References: Give Below, the Names of Three Persons Not Related to You, Whom You Have Known at Least One Year.

1) \_\_\_\_\_  
Name Address Business Years Known

2) \_\_\_\_\_  
Name Address Business Years Known

3) \_\_\_\_\_  
Name Address Business Years Known

Next of Kin: \_\_\_\_\_ Name  
Address Relationship

In Case of Emergency, Please Notify:

\_\_\_\_\_ Telephone No.  
Name Address

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR VOIDING THIS APPLICATION.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form is for completion by applicants, and is used to collect information for reporting purposes only.**

In keeping with Florida Statutes Chapter 760.80(4) and to help us comply with reporting and legal requirements regarding minority representation on boards, commissions, councils and committees, please answer the questions below.

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Name

Date of Application

Please select one of the following:

\_\_\_\_\_ An African American; that is a person having origins in any of the racial groups of the African Diaspora.

\_\_\_\_\_ A Hispanic American; that is, a person of Spanish or Portuguese culture with origins in Spain, Portugal, Mexico, South America, Central America, or the Caribbean, regardless of race.

\_\_\_\_\_ An Asian American; that is, a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands, including the Hawaiian Islands prior to 1778.

\_\_\_\_\_ A Native American, that is, a person who has origins in any of the Indian Tribes of North America prior to 1835.

\_\_\_\_\_ An American woman.

\_\_\_\_\_ An American man.

\_\_\_\_\_ None of the above.

Do you qualify as physically disabled? Yes: \_\_\_\_\_ No: \_\_\_\_\_



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