



Community Action Agency Board Application Form

Name: _____
Last First Middle

Date of Birth: _____

Employer: _____

Title/Occupation: _____

Business Type (Please select one): Education Law Enforcement Religion
 Business Industry Labor Social Welfare Legal

Business Address: _____

Business Telephone: _____ **Fax:** _____

Preferred Email Address: _____

Home Address: _____

Home Telephone: _____ **Mobile:** _____

Date of Birth: _____

Please check all that apply to you:

- Live in Miami-Dade County
- Work in Miami-Dade County
- Own a business in Miami-Dade County
- Own property in Miami-Dade County

Education:

Highest level of education completed: _____

Degree: _____

School/College/University: _____

Organizations and Activities:

Are you currently serving on a Miami-Dade County Board or Task force? If yes, please list:

Organization	Position Held
_____	_____
_____	_____
_____	_____

List community, civic, professional and other organizations of which you are a member:

Organization	Position Held
_____	_____
_____	_____
_____	_____

List any Public Office held (Elected or Appointed):

Office	Date
_____	_____
_____	_____

Professional References:

Name	Title	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach a Resume or Curriculum Vitae to this form.

Signature: _____

Date: _____