Alachua County Equal Opportunity Office

Application for Appointment to: Citizens Disability Advisory Committee

Date: _____ **Please Print**

Name: _____
Last First MI

Address: _____

City, State: _____ **Zip Code:** _____

Telephone: (____) _____ (_____) _____
Home Work

E-Mail Address: _____

Occupation: _____

What contribution do you feel you could make if you were selected to this committee?

_____

_____

_____

Do you have a disability? Yes _____ **No** _____

_____

_____

This information is used to balance committee appointments.

_____ _____
Signature Date

If you have any additional information, such as a resume, please attach.

Please return application to: Alachua County Equal Opportunity Office
12 SE 1st Street, First Floor
Gainesville, Florida 32601

Voice: (352) 374-5275 TDD: (352) 374-5284