



# FLORIDA DEPARTMENT OF JUVENILE JUSTICE

## CIRCUIT 8 ADVISORY BOARD

### Membership Nomination/ Designee Appointment Form

#### Nominated Member/Designee:

Name:		County:	
Address:		City:	Zip Code:
Phone:		Email address:	
Current Role:		Place of Employment:	

#### Stakeholder/Group Representing:

<input type="checkbox"/> State Attorney	<input type="checkbox"/> Juvenile Justice Involved Youth
<input type="checkbox"/> Public Defender	<input type="checkbox"/> Parent/Family of Juvenile Justice Involved youth
<input type="checkbox"/> Chief Judge	<input type="checkbox"/> Business Community
<input type="checkbox"/> Department of Children and Families	Business name: _____
<input type="checkbox"/> Sheriff - County: _____	<input type="checkbox"/> County Commissioner – County: _____
<input type="checkbox"/> Police Chief - County: _____	<input type="checkbox"/> Faith Community
Agency: _____	<input type="checkbox"/> Health Services
<input type="checkbox"/> School Superintendent-	<input type="checkbox"/> Community Representative
District: _____	<input type="checkbox"/> Workforce Organization

#### Please provide a brief professional biography (150 words or less) or attach a resume.

#### **For membership nomination:**

By signing this document, you indicate your desire to be nominated as a member of the Circuit Advisory Board.

\_\_\_\_\_  
*Signature of Statutory Representative*

\_\_\_\_\_  
*Date*

#### **For designee appointment:**

By signing this document, you have agreed to have the individual named above to serve as the \_\_\_\_\_ designee for the 8 Circuit Advisory Board.

\_\_\_\_\_  
*Signature of Statutory Representative*

\_\_\_\_\_  
*Date*

#### **Chief Probation Officer:**

[ ] Approved [ ] Declined

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*