

APPLICATION FOR SELECTION
AS A DIRECTOR OF THE FLORIDA BAR FOUNDATION

Instructions: Please print or type. Please complete all questions which pertain to you.

Please indicate whether you wish to be considered for selection by the Florida Supreme Court or the Foundation

The Florida Bar Foundation Board of Directors
 The Florida Supreme Court

NOTE: Seats to be filled by The Board of Governors of The Florida Bar require completion of The Florida Bar's "Application for Appointment" which can be obtained by going to <https://www-media.floridabar.org/uploads/2020/08/The-Florida-Bar-Application-for-Appointment-Form-R-3.17.2020.pdf>

Name: _____

I am not a lawyer _____. Profession: _____

I am a lawyer _____. Date admitted to The Florida Bar: _____

Attorney #: _____

Employer, firm, or agency: _____

_____ How long? _____

Office address: _____

Phone: _____ Fax: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

If employed less than five years, list previous employer: _____

Place of birth: _____ Date of birth: _____

Spouse _____

Length of residence in Florida: _____

Education (colleges attended, dates of graduation, degree(s)): _____

I serve/previously served on the Bar Foundation board of directors (include dates of service and position(s) held): _____

I serve/previously served on the following Bar Foundation committees (include dates of service and position(s) held): _____

Have you previously requested nomination to the Bar Foundation board of directors? (include dates if known): _____

I serve/previously served on the board/committee(s) of the following organization(s) related to legal aid to the poor, pro bono (please describe briefly your pro bono activities), financial assistance to law students, and/or improvements in the administration of justice (include dates of service and position(s) held -- continue on separate sheet if necessary):

I am a member of the following state/voluntary bar associations:

I practice predominantly in the following fields (if trial, specify plaintiff, prosecution or defense):

I am presently: _____ a sole practitioner _____ in a 2-10 lawyer office _____ in a 11-35 lawyer office _____ in a 35+ lawyer office or _____ other (please describe): _____

Please list the names, addresses and telephone numbers of at least two other persons who are in a position to comment on your qualifications:

Please attach a statement of why you want this nomination; your qualifications; what you feel you can contribute, including any particular potential you believe your selection would bring to the board of directors of the Bar Foundation; and any additional information which you feel may be of interest.

Date: _____ Signature: _____

WAIVER OF CONFIDENTIALITY

(Must be signed in order to process application)

The undersigned hereby consents to a waiver of confidentiality, thereby permitting investigation of my grievance record with The Florida Bar and other investigation deemed necessary to determine my qualifications for nomination.

Date: _____ Signature: _____

PLEASE SUBMIT COMPLETED APPLICATION INCLUDING A BIOGRAPHICAL SKETCH AND PHOTOGRAPH TO: THE FLORIDA BAR FOUNDATION, 875 CONCOURSE PARKWAY SOUTH, SUITE 195, MAITLAND, FLORIDA 32751, Phone: (407) 960-7000 OR (800) 541-2195, Fax: (407) 960-3765, E-mail: adevoe@flabarfdn.org

DEADLINE FOR RECEIPT OF APPLICATION IS February 15, 2021