

From: [Seminole](#)
To: [Drager, Dominique](#)
Subject: New form response - REQUESTFORBOARDAPPOINTMENTFORM
Date: Thursday, December 4, 2025 2:19:39 PM

New form response

localhost

Form: [REQUESTFORBOARDAPPOINTMENTFORM](#)

A new response was submitted on 04 December 2025, 02:19 PM.

First Name	Genevieve
Last Name	BaranukDelgado
Middle Name	
Email Address	genevieve.baranuk-delgado@adventhealth.com
Cell Phone Number	407-325-5912
Are you a Registered Voter?	Yes
Home Address	1125 Trotwood Blvd
Home Address cont'd	
City	Winter Springs
State	FL
Zip Code	32708
Mailing Address	1125 Trotwood Blvd
Mailing Address cont'd	
City	Winter Springs
State	FL
Zip Code	32708
Interest #1	Committee on Aging
Interest #2	

Interest #3	
Are you of Hispanic origin?	No
Gender	Female
Disabled?	No
Race	Caucasian (non-Hispanic)
Place of Employment	AdventHealth Well 65
Job Title	Social Work Senior Manager
School Name:	University of Central Florida
Degree Received	Masters in Social Work
Name	Dr Stephanie Benedict
Email	Stephanie.Benedict@AdventHealth.com
Phone Number	614-562-2983
Relationship	CMO of Well 65 and Supervisor
Name	
Email	
Phone Number	
Relationship	
Name	
Email	
Phone Number	
Relationship	
Please briefly state your experience, interests, or elements of your personal history that you think qualify you for appointment to the board(s) you have chosen.	Currently work with geriatric population within PCP offices providing mental health counseling and the development of new programs to the serve the population. Focus on SDOH specific to this population and aware of current issues and concerns pertaining to concrete and emotional needs.
	I understand the responsibilities associated with being a Board member, and I have adequate time to serve on the above Board(s). I also understand that

	Florida law requires members of certain boards file a detailed financial disclosure form.
captcha error	0

[View response](#)

This email is sent automatically by Progress Sitefinity CMS.