

**From:** [Seminole](#)  
**To:** [Drager, Dominique](#)  
**Subject:** New form response - REQUESTFORBOARDAPPOINTMENTFORM  
**Date:** Thursday, December 4, 2025 10:43:08 AM

## New form response

localhost

Form: [REQUESTFORBOARDAPPOINTMENTFORM](#)

A new response was submitted on 04 December 2025, 10:42 AM.

First Name	Matthew
Last Name	Borchelt
Middle Name	
Email Address	matt.borchelt@thesharingcenter.org
Cell Phone Number	407-492-6288
Are you a Registered Voter?	Yes
Home Address	2907 Lolissa Lane
Home Address cont'd	
City	Winter Park
State	FL
Zip Code	32789
Mailing Address	
Mailing Address cont'd	
City	
State	
Zip Code	
Interest #1	Committee on Aging
Interest #2	

Interest #3	
Are you of Hispanic origin?	No
Gender	Male
Disabled?	No
Race	Caucasian (non-Hispanic)
Place of Employment	The Sharing Center
Job Title	Chief Operating Officer
School Name:	UCF
Degree Received	BA Economics
Name	Dan Ryan
Email	dan.ryan@thesharingcenter.org
Phone Number	689-208-2119
Relationship	Co-Worker
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.	The Sharing Center has the only permanent drop-in center for people experiencing homelessness in the county along with the largest free food pantry in the county. Our fastest growing demographic of clients are those 55 and up. I'll bring our data and experiences to share and collaborate with other committee members to drive awareness and opportunity solutions for the seniors in our community.
	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](#)

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