

From: [Seminole](#)
To: [Drager, Dominique](#)
Subject: New form response - REQUESTFORBOARDAPPOINTMENTFORM
Date: Monday, December 8, 2025 10:58:46 AM

New form response

localhost

Form: [REQUESTFORBOARDAPPOINTMENTFORM](#)

A new response was submitted on 08 December 2025, 10:58 AM.

First Name	Maria
Last Name	Tolentino Souffront
Middle Name	Judith
Email Address	maria.tolentino@yahoo.com
Cell Phone Number	407-907-4803
Are you a Registered Voter?	Yes
Home Address	1144 Legg Dr
Home Address cont'd	
City	Apopka
State	FL
Zip Code	32712
Mailing Address	
Mailing Address cont'd	
City	
State	
Zip Code	
Interest #1	Committee on Aging
Interest #2	

Interest #3	
Are you of Hispanic origin?	Yes
Gender	Female
Disabled?	No
Race	Hispanic
Place of Employment	AdventHealth Hospice
Job Title	Hospice Specialist Marketing
School Name:	Belhaven University
Degree Received	Bachelors Degree
Name	Sarah Garcia
Email	sarah.garcia@adventhealth.com
Phone Number	321-246-7859
Relationship	Coworker
Name	Dana Waters
Email	dana.waters@adventhealth.com
Phone Number	321-594-8771
Relationship	Friend
Name	Francesca Muniz
Email	francesca.muniz@adventhealth.com
Phone Number	407-592-7530
Relationship	Friend
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.	It has always been my passion to assist the elder population. My background is social services director at skill nursing facility where the most vulnerable can use all the help they can get.
	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

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