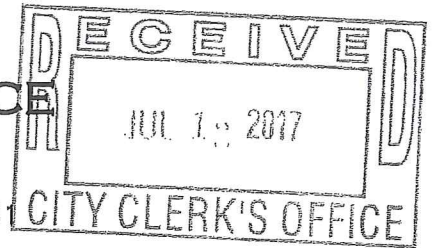




# CITY OF FORT PIERCE

100 NORTH US HWY 1  
FORT PIERCE, FLORIDA 34950  
(772) 467-3066 FAX (772) 467-3841



## APPLICATION FOR APPOINTMENT/REAPPOINTMENT

Name of Board or Boards for which you are applying: Sunrise Theatre Advisory Board <sup>FP</sup>

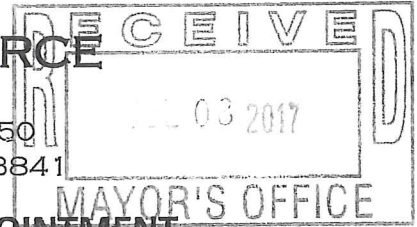
Name: <u>Ke Andrea Davis</u>	Phone: <u>772-708-6128</u>
Home Address: <u>2514 Mohawk Ave</u> City/Zip Code: <u>Ft. Pierce Fl 34946</u>	How long at this address? <u>18 years</u>
Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation: <u>Educator; Attorney</u>	
Do you own a business that operates within the City of Fort Pierce? If yes, list the address and nature of said business: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you now or in the future plan to do business with the City of Fort Pierce? If yes, in what capacity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are you employed by a business that is located within the City of Fort Pierce? If yes, state the business and location: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you have special training or knowledge in the area of: Architecture: <input type="checkbox"/> Yes <input type="checkbox"/> No    Engineering: <input type="checkbox"/> Yes <input type="checkbox"/> No    Real Estate Brokering: <input type="checkbox"/> Yes <input type="checkbox"/> No Contracting: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    Land Development: <input type="checkbox"/> Yes <input type="checkbox"/> No    Other: Describe your education, background, training and knowledge in the above area(s): <u>Juris Doctor, Florida Coastal School of Law, May 2015</u>	
Are you currently a member of a Commission-appointed board/committee? If yes, please specify: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Have you ever been convicted of a felony? If yes, what was the nature of the crime(s) you were convicted of: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Referred by: <u>Website</u>	Applicant Email Address: <u>darisk711@gmail.com</u>
Date: <u>7/14/17</u>	Applicant's Signature: <u>Ke Andrea Davis</u>

APPLICATIONS EXPIRE 6 MONTHS FROM THE DATE OF SUBMISSION. PLEASE REAPPLY AS OFTEN AS DESIRED.  
Please return form to: City Clerk's Office - 100 North US Hwy 1, Fort Pierce, Florida 34950  
fax (772) 467-3841 or via email at lcox@city-ftpierce.com



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(772) 467-3066 FAX (772) 467-3841



## APPLICATION FOR APPOINTMENT/REAPPOINTMENT

FP

Name of Board or Boards for which you are applying: Sunrise Theatre Board

Name: <u>Joanne A. Driscoll</u>	Phone: <u>772-468-1832</u>
Home Address: <u>4003 GATOR TRACE ROAD</u> City/Zip Code: <u>FT. PIERCE FL. 34982</u>	How long at this address? <u>11 years</u>
Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation: <u>Retired - Purchasing Manager Sbarro Inc.</u>	
Do you own a business that operates within the City of Fort Pierce? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list the address and nature of said business: <u>N/A</u>	
Do you now or in the future plan to do business with the City of Fort Pierce? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, in what capacity?	
Are you employed by a business that is located within the City of Fort Pierce? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, state the business and location:	
Do you have special training or knowledge in the area of: Architecture: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Engineering: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Real Estate Brokering: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Contracting: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    Land Development: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Other: Describe your education, background, training and knowledge in the above area(s): <u>Retired 14 years Purchasing manager w/ Sbarro Corporate, Melville, N.Y. Implemented Marketing Programs to benefit Corporate Annual bottom line by \$ million dollars; Vendor/V Pre-recommendations supplied upon request.</u>	
Are you currently a member of a Commission-appointed board/committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please specify:	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what was the nature of the crime(s) you were convicted of:	
Referred by:	Applicant Email Address: <u>LadyJ2840@att.net</u>
Date: <u>June 30, 2017</u>	Applicant's Signature: <u>Joanne A. Driscoll</u>

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*Thank you for honoring this Application.*



# CITY OF FORT PIERCE

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FP

## APPLICATION FOR APPOINTMENT/REAPPOINTMENT

Name of Board or Boards for which you are applying: Sunrise Advisory

Name: <u>Mel Echazabal</u>	Phone: <u>772-267-1525</u>
Home Address: <u>710 Boston Ave</u> City/Zip Code: <u>Fort Pierce 34950</u>	How long at this address? <u>3+ yrs</u>
Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation: <u>Database Manager &amp; Gift Officer @ The Children's Museum</u>	
Do you own a business that operates within the City of Fort Pierce? If yes, list the address and nature of said business: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you now or in the future plan to do business with the City of Fort Pierce? If yes, in what capacity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are you employed by a business that is located within the City of Fort Pierce? If yes, state the business and location: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you have special training or knowledge in the area of: Architecture: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Engineering: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Real Estate Brokering: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Contracting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Land Development: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Other: Describe your education, background, training and knowledge in the above area(s): <u>Background in event planning, performing Arts management, non profit work, fundraising etc</u>	
Are you currently a member of a Commission-appointed board/committee? If yes, please specify: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Have you ever been convicted of a felony? If yes, what was the nature of the crime(s) you were convicted of: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Referred by: <u>Facebook</u>	Applicant Email Address: <u>MelEchazabal@gmail.com</u>
Date: <u>6/21/17</u>	Applicant's Signature: <u>Mel Echazabal</u>



# CITY OF FORT PIERCE

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(772) 467-3066 FAX (772) 467-3841

## APPLICATION FOR APPOINTMENT/REAPPOINTMENT

FP

Name of Board or Boards for which you are applying: JANET B. ENGSTROM

Name: <u>Sunrise Theatre Advisory Board</u>		Phone: <u>772-577-6602</u>	
Home Address: <u>Fort Pierce, FL</u>		How long at this address? <u>2 1/2 yrs</u>	
City/Zip Code: <u>4190 GARDEN GREENS WAY #32 34982</u>			
Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Occupation: <u>RETIRED CITY CLERK</u>			
Do you own a business that operates within the City of Fort Pierce? If yes, list the address and nature of said business:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you now or in the future plan to do business with the City of Fort Pierce? If yes, in what capacity?			
Are you employed by a business that is located within the City of Fort Pierce? If yes, state the business and location:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you have special training or knowledge in the area of: Architecture: <input type="checkbox"/> Yes <input type="checkbox"/> No    Engineering: <input type="checkbox"/> Yes <input type="checkbox"/> No    Real Estate Brokering: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Contracting: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    Land Development: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    Other: Describe your education, background, training and knowledge in the above area(s): <u>REAL ESTATE AGENT - DISCOUNT</u> <u>BUSINESS OWNER</u> <u>CITY CLERK - ZONING BOARD</u> <u>LEGAL EXPERIENCE/PARALEGAL</u> <u>ASST COUNTY CLERK</u>			
Are you currently a member of a Commission-appointed board/committee? If yes, please specify:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Bea/Treas CONDOMINIUM ASSOCIATION</u>			
Have you ever been convicted of a felony? If yes, what was the nature of the crime(s) you were convicted of:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Referred by:		Applicant Email Address: <u>engstromjanet1@gmail.com</u>	
Date: <u>7-5-11</u>	Applicant's Signature: <u>Janet B. Engstrom</u>		

APPLICATIONS EXPIRE 6 MONTHS FROM THE DATE OF SUBMISSION. PLEASE REAPPLY AS OFTEN AS DESIRED.  
Please return form to: City Clerk's Office - 100 North US Hwy 1, Fort Pierce, Florida 34950  
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## APPLICATION FOR APPOINTMENT/REAPPOINTMENT

FP

Name of Board or Boards for which you are applying: Sunrise Theatre Advisory Board

Name: Erick Gill	Phone: 772-342-6014
Home Address: 1301 Bonefish Ct. City/Zip Code: Fort Pierce, 34949	How long at this address? 18 years
Are you a citizen of the United States?	<input checked="" type="checkbox"/> Yes
Occupation: Communications Director for St. Lucie County	
Do you own a business that operates within the City of Fort Pierce? If yes, list the address and nature of said business:	<input checked="" type="checkbox"/> No
Do you now or in the future plan to do business with the City of Fort Pierce? If yes, in what capacity?	<input checked="" type="checkbox"/> No
Are you employed by a business that is located within the City of Fort Pierce? If yes, state the business and location: Technically – the main offices for the Board of County Commissioners is located in the city limits.	<input type="checkbox"/> Yes
Do you have special training or knowledge in the area of: Architecture: <input checked="" type="checkbox"/> No      Engineering: <input checked="" type="checkbox"/> No      Real Estate Brokering: <input checked="" type="checkbox"/> No Contracting: <input checked="" type="checkbox"/> Yes      Land Development: <input checked="" type="checkbox"/> No      Other: Marketing/PR/Communications Describe your education, background, training and knowledge in the above area(s): Prior to working in public relations for St. Lucie County, I served as the Marketing Director for six years for Riverside Theatre in Vero Beach, Fla.	
Are you currently a member of a Commission-appointed board/committee? If yes, please specify:	<input checked="" type="checkbox"/> No
Have you ever been convicted of a felony? If yes, what was the nature of the crime(s) you were convicted of:	<input checked="" type="checkbox"/> No
Referred by: email notice from the city	Applicant Email Address: <u>bonefishstudios@hotmail.com</u>
Date: 6-20-17	Applicant's Signature

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(772) 467-3066 FAX (772) 467-3841

## APPLICATION FOR APPOINTMENT/REAPPOINTMENT

FP

Name of Board or Boards for which you are applying: Sunrise Theater Advisory Board

Name: Robert P. Oliveri	Phone: 561-714-6324
Home Address: 1703 Coconut Drive City/Zip Code: Fort Pierce, FL 34949-3439	How long at this address? 11 years
Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation: Retired Social Worker and Prof. of Sociology.	
Do you own a business that operates within the City of Fort Pierce? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the address and nature of said business: 1703 Coconut Drive, Fort Pierce, FL 34949 Custom Designed Jewelry by Anne Oliveri, Artistically designed and handcrafted jewelry, designed and fabricated by my wife Anne Oliveri, in her home studio.	
Do you now or in the future plan to do business with the City of Fort Pierce? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, in what capacity?	
Are you employed by a business that is located within the City of Fort Pierce? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, state the business and location:	
Do you have special training or knowledge in the area of: Architecture: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Engineering: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Real Estate Brokering: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Contracting: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    Land Development: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Other: Describe your education, background, training and knowledge in the above area(s): I have attached a resume that details my education and skill areas as well as my employment history.	
Are you currently a member of a Commission-appointed board/committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please specify:	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what was the nature of the crime(s) you were convicted of:	
Referred by:	Applicant Email Address: bob@oliverifamily.net
Date: 07/04/2017	Applicant's Signature <i>Robert P. Oliveri</i>

APPLICATIONS EXPIRE 6 MONTHS FROM THE DATE OF SUBMISSION. PLEASE REAPPLY AS OFTEN AS DESIRED.  
Please return form to: City Clerk's Office – 100 North US Hwy 1, Fort Pierce, Florida 34950  
fax (772) 467-3841 or via email at lcox@city-ftpierce.com

Robert P. Oliveri  
1703 Coconut Drive  
Fort Pierce, Florida 34949

Telephone: (772) 264-1418  
Cell: (561) 714-6324

Email: Bob@OliveriFamily.net

### SUMMARY

Over 33 years of experience in social work administration, public relations and directing human service programs. Demonstrated record with a public agency in administering and managing programs. Expertise includes instruction, staff training, computer systems, strategic planning and public relations.

### OBJECTIVE

A full-time teaching position at a college or university in social work, education, sociology, community services, or a related subject area.

### EDUCATION

#### DEGREE PROGRAMS

- Nova Southeastern University, Fischler Graduate School of Education and Human Services, Programs in Education and Technology, Child, Youth and Family Studies, specialization in Management of Programs (MOP), Doctor of Education (Ed.D.), 9/99.
- State University of New York at Albany, Graduate School of Social Welfare, Master of Social Work (M.S.W.), 9/68 to 6/70.
- Dowling College, Bachelor of Arts (B.A.), 9/63 to 6/65.
- Suffolk County Community College, Associate of Arts (A.A.), 9/61 to 6/63.

#### ADDITIONAL COURSES

- Adelphi University Graduate School of Education, 3 credits in: Philosophy of Education, 9/66 to 1/67.
- Adelphi University, Graduate School of Social Work, 6 credits in: Social Casework I, Social Policy I, 9/66 to 1/67.
- State University of New York at Stony Brook, Graduate School of Social Welfare, 6 credits in: Social Policy Administration, Community Organization, 9/70 to 6/71.
- C.W. Post (L.I.U.), 3 credits in: Speed Reading and Comprehension, 1/80 to 5/80.
- Suffolk County Community College, 6 credits in: Basic Conversational Spanish I, Basic Conversational Spanish II, 6/87 to 7/88.

### ACCOMPLISHMENTS

#### EDUCATION

- Adjunct Assistant Professor of Sociology: School of Arts and Sciences, Dowling College, Oakdale, NY.
- Field Instructor: Graduate School of Social Welfare, State University of New York at Stony Brook. Provided direct supervision to a graduate student in a two-year master's program in social work.
- Field Instructor: State University of New York at Farmingdale. Provided direct supervision to two undergraduate students in a community service program.
- Field Instructor: Dowling College. Provided supervision to two students in a human services program.

#### EDUCATION RELATED

- Guest Lecturer: Graduate School of Social Welfare, State University of New York at Stony Brook. Spoke on several occasions on social issues affecting social workers.
- Guest Lecturer: Technicenter, Suffolk County Community College. Spoke on the delivery of social services in the community.
- Substitute Teacher: Brentwood School District.

STAFF TRAINING

- Directed a JOBS training program for adults. Made presentations concerning the value of adult education to clients.
- Provided training to new agency employees assigned to the Children's Services Division concerning agency functioning and principles of social casework practice. Also provided ongoing divisional in-service training for department staff.
- Staff trainer for the Suffolk County Department of Social Services. Provided training for new staff.
- Foster Parent Program Trainer. Provided training for new foster parents (early childhood and adolescent development - MAP), leading to state certification.

CLINICAL

- Provided direct social casework to foster children and their families.
- Provided supervision of casework and counseling services to children and their families.
- Provided casework supervision and care for children placed in emergency foster homes and monitored the performance of each foster home.

ADMINISTRATION

- Developed and directed an award-winning program for foster children placed in residential care.
- Directed several social service programs including Medical Assistance, Child Assistance Program (CAP), Foster Care and Adoption.
- Provided consultative services to two social services districts undertaking a strategic planning initiative.
- Directed the Community Relation's Office for Suffolk County Department of Social Services.

ORGANIZATION

- Organized the CAP program in the district to move it from a pilot program into a full-time program servicing public assistance clients.
- Established and organized the Community Relations Office of the Family and Children's Service Division of the Suffolk County Department of Social Services.
- Developed and organized the Alternatives to Institutional Placement (AIP) program for the Suffolk County Department of Social Services.
- Organized the Resource Development Office of the Suffolk County Department of Social Services as a centralized department function.
- CO-founder and organizer of Foster Parents Advisory Council of Suffolk County (F-PAC): an organization of foster parents and concerned individuals committed to the further development of communication between the service providers (foster parents) and the Department of Social Services.
- Designed and implemented on a divisional level, emergency boarding home program for the Department of Social Services.
- Designed and implemented a notification system for the Department of Social Services for all Family Court Petitions. Designed notification forms and maintained controls for their use and represented the agency in Family Court on cases consisting of the review of the foster care status of a child in the care of the agency.

COMPUTER SYSTEMS

- Developed a computer tracking system for children placed in foster and adoptive homes.
- Developed a computer system for preparation of forms used in foster care and adoption.
- Developed a computer tracking system for families referred to the Child Assistance Program.
- Developed a computer system for preparation of forms for the Child Assistance Program.

**PROFESSIONAL EXPERIENCE**

Dowling College, Oakdale, New York  
(5/99 to 12/02)

**Adjunct Assistant Professor of Sociology.** Provided instruction to students in core sociology courses. Maintain records of student progress and provide instructional support for students requiring additional assistance and guidance.

New York State Department of Social Services, Albany, NY  
(9/97 to 8/99)

**State Consultant to the Child Assistance Program (C.A.P.),** a state and federally funded demonstration project designed to assist single parents to attain self-sufficiency for themselves and their families through employment and child support. Provided technical assistance concerning organizational and managerial issues affecting the implementation of the CAP program at selected sites in the state. Provided technical assistance in developing and implementing strategic plans for CAP. Supervisor: Mr. Michael Warner.

Suffolk County Department of Social Services, Hauppauge, NY  
(6/66 to 8/97)

**Director of the Child Assistance Program of Suffolk County (CAP):** Administered the program and directed a staff of 16 including 2 supervisors who oversaw a staff of 14: case managers, job developers, child support specialist and clerks engaged in providing professional service to clients and their families. Prepared state and county operating budgets and reports for the program. 3/92 to 8/97.

**Director of the Jobs Opportunity and Basic Skills Training Program (JOBS).** Administered program requirements for the Suffolk County Department of Social Services. Coordinated training programs and client eligibility for job training with Department of Labor, school districts and Board of Cooperative Educational Services (BOCES) districts. Directed a staff of 18 professionals and paraprofessionals. Prepared yearly service plans and budget requests. 3/92 to 5/93.

**Principal Community Organization Specialist** in charge of the Community Relations Office of the Family and Children's Services Administration for the Suffolk County Department of Social Services. Administered child care provider recruitment programs on a countywide bases for the Department of Social Services in such program areas as Foster Care and Adoption. Developed and implemented public relations and/or publicity programs for the Family and Children's Services Administration's foster parenting, and adoption programs. Developed advertising campaigns and media campaigns, utilizing both paid advertisements and public service announcements geared to promoting public awareness of agency needs. Participated in the production of video and radio PSA's and interview programs. 5/89 to 3/92.

**(Acting) Director of Medical Assistance (Quality Review), Community Organization Specialist:** Administered and directed a staff of approximately eighty (80) health care professionals: supervising nurse case managers, nurse case managers, caseworkers, community service workers and clerical support staff, who review and assess the quality of care received under the Medical Assistance Program in the Division of Medical Services to ensure that medical care conforms to professional standards, as well as Federal, State and departmental guidelines. Directly supervised the Assistant Director of Medical Assistance and oversee the job functions associated with that position as listed below (see description of duties: Assistant Director of Medical Assistance). Developed and formulated organizational goals and objectives, policies and procedures; oversaw the collection of data and information retrieval systems, in an effort to insure the effectiveness and efficiency of the operation. Conducted contract negotiations with service provider agencies to establish Medicaid rates and fees for service in accordance with State and local guidelines. Participated as a trainer through the Department's Staff Development Office for new Department of Social Services' staff, as well as conducting training in program areas, such as training for foster parents and other child care providers. 8/88 to 5/89.

**Assistant Director of Social Services for the Medical Services Division (Community Organization Specialist):** Advised the Director of Medical Assistance and provided administrative direction and supervision to a staff of approximately eighty (80) health care professionals engaged in the review of the quality of care received under the Medical Assistance Program to ensure that medical care conforms to professional standards, as well as Federal, State, and departmental guidelines. Directly supervised a staff of 5 Senior Medical Specialists (Registered Nurses) engaged in the supervision of a professional staff, comprised of nurse case managers, social caseworkers, community service workers and clerical support staff in 5 units in the Medical Services Division, providing mandated medical and social assessments to Medicaid clients requiring various levels of medical care. Such areas as Medical Transportation, Home Care Services, Provider and Client Relations, Provider Compliance and contract review, as well as Provider Enrollment in the Medicaid program are supervised. Monitored and approved the

appropriate utilization of services authorized through the Medicaid program through participation on the Utilization Review Committee at Suffolk Child Developmental Center. Represented the Department, when necessary, at legislative committee hearings, prepared and delivered legislative testimony. Represented the Department at County Executive's Town Meetings. Engaged in program design and implementation, particularly in the area of Medical Transportation Services and directed its operation. Developed public outreach programs designed to inform the public of newly developed access to these services; reviewed policy and procedures that impact on Medical Assistance program areas and implemented mandated policy and procedural changes, as necessary. Participated as a trainer through the Department's Staff Development Office for new Department staff as well as conducting training in program areas, such as training for foster parents and other child care providers. 5/85 to 6/88.

**Community Organization Specialist** in charge of the Resource Development Office of the Community Services Administration, Bureau of Family and Children's Services in the Department of Social Services. Administered child care provider recruitment programs on a county-wide bases for the Department of Social Services in such program areas as Foster Care, Adoption, and Day Care. Produced programmatic and administrative manuals for use by staff to insure that legal and fiscal base of operations is maintained through proper organizational structure and management practices. Designed and administered the development of special projects for the Department on a county-wide level, such as, the Alternatives to Institutional Placement (A.I.P.) program, including the legal and fiscal base for the program as well as overseeing the responsibilities of two caseworkers assigned to the program. Developed the organizational structure, management practices, professional standards and administrative procedures to ensure the appropriateness of the level of service, as well as the quality of the services provided. Developed and implemented public relations and/or publicity programs for the Community Services Administration's foster parenting, day care parenting and adoption programs. Developed advertising campaigns and media campaigns, utilizing both paid advertisements and public service announcements geared to promoting public awareness of agency needs. Participated in the production of video and radio PSA's and interview programs. 10/79 to 5/85.

**Administrative Supervisor (Casework Supervisor)** to the Director of the Islip Service Center: Participated in the formulation of program design for the delivery of services in the Islip Services Center and the Smithtown Service Satellite of the Department of Social Services. Participated in the preparation and submission of the annual budget and annual reports on the functioning of the Service Center. Prepared statistical reports and analysis of data. Advised the center director in the daily administration of the center, which included representing the center director at conferences and meetings when necessary. Duties also included the administration of several service units and the direct casework supervision of the staff carrying out the following service functions: Substitute Care Placement, Emergency Foster Care Placement, Child Protective Service Coordination, Unwed Parents and Adoption Services, Counseling Services, Transportation Services. 2/75 to 10/79.

**Supervisor of the Residential Care Unit (Casework Supervisor):** Supervised three caseworkers engaged in overseeing the care of approximately 180 children placed in 65 residential care facilities in New York and neighboring states. Directed and approved casework planning for these children and their families by conferring with referring caseworkers and unit workers. Prepared and/or recommended contracts with institutions used by Suffolk County Social Services and Probation Departments; supervision of those institutions and monitoring of contractual obligations. Assignment also included participation on the Admissions and Screening Committee of the Suffolk Developmental Center, composition of which included many community organizations and groups. 12/73 to 2/79.

**Foster Care Unit Casework Supervisor:** Supervised six (6) foster care caseworkers, one case aide and two (2) unit clerks engaged in the direct supervision of approximately 300 foster children in 90 foster homes in Suffolk County. Developed and evaluated case plans through individual conferences with workers, who in turn coordinate the case plans with the child, parent and foster parents toward a mutually agreed upon case goal. 6/70 to 12/73.

**Senior Caseworker** assigned to the Children's Services General Intake Division: Duties included conducting client interviews, evaluating the presenting problems, referring to appropriate service division for ongoing services; providing short-term crises intervention. Caseload included day care, foster care, protective and preventive case situations. Assignment also included the training of new staff, 6/69 to 6/70.

**Foster Care Caseworker:** Supervised approximately 50 foster children placed in agency foster homes. Supervised foster homes, and evaluated the quality of care provided. Provided counseling to reunite families. Direct service

related contacts also included school and community agencies. Prepared statistical reports and case records, social summaries and evaluations, and preparation of court petitions, 6/66 to 6/69.

Brentwood School District, Brentwood, New York  
(2/66 to 6/66)

Substitute Teacher for the Brentwood School District in the elementary and junior high schools.

United States Army, First Armored Division, Fort Hood, TX  
(11/65 to 2/66)

US Army stationed at Fort Dix, New Jersey and Fort Hood, Texas. Honorable Discharge.

New York City Department of Social Services, New York City, New York  
(8/65 to 11/65)

Caseworker: Prepared family budgets, provided social counseling, provided ongoing income maintenance. Prepared reports and evaluations on a caseload in excess of 175 families. Direct service related contacts included school and community groups.

#### PROFESSIONAL MEMBERSHIPS and CREDENTIALS

- New York State Licensed Master of Social Worker (L.M.S.W.).
- Member of the National Association of Social Workers (N.A.S.W.).
- Member of the Academy of Certified Social Workers (A.C.S.W.).

#### SCHOLARSHIPS and AWARDS

- Suffolk County Department of Social Services' Educational Leave Award, 1968 to 1970.
- New York State Department of Social Services' Educational Leave Award (declined), 1968.

#### PUBLICATIONS and REPORTS

- Separation: A Study of the Implementation of the New Social Service Delivery System in Suffolk County, co-authored, 1971.
- Applied Dissertation: Improving or Resolving Organizational Conflicts in the Child Assistance Program (CAP) Using the Strategic Planning Model, 1998.
- Doctoral Practicum Report: Improving Client Access and Participation in the Child Assistance Program (CAP), 1998.
- Master's Thesis: The Job of the Institutional Social Worker, 1970.

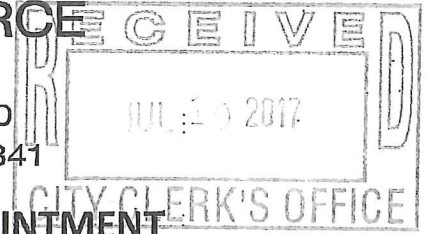
#### NOTEWORTHY ACTIVITIES

- Advisory Board on Decentralization of Social Services in Suffolk County: appointed by the Suffolk County Executive. Composition of the Advisory Board included individuals from many community organizations with interests in the field of Social Welfare, 11/73 to 10/74.
- National Association of Social Workers, Suffolk County Chapter: vice president and member of the board of directors. Chairperson of ELAN (Education, Legislative Action Network) committee, 9/72 to 9/74.
- Marquis' Who's Who in the East, selected for inclusion in the 1985, 1987, 1989, 1991, 1993, 1995, 1997 and 1999 editions. Macmillan Directories.



# CITY OF FORT PIERCE

100 NORTH US HWY 1  
FORT PIERCE, FLORIDA 34950  
(772) 467-3066 fax (772) 467-3841



## APPLICATION FOR APPOINTMENT/REAPPOINTMENT

Name of Board or Boards for which you are applying: Sunrise Theatre Advisory Board <sup>FP</sup>

Name: <u>Julie Serra</u>	Phone: <u>772 293-1789</u>
Home Address: <u>2919 Admiral St</u> City/Zip Code: <u>Fort Pierce, FL 34982</u>	How long at this address? <u>20 years</u>
Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation: <u>Business Manager</u>	
Do you own a business that operates within the City of Fort Pierce? If yes, list the address and nature of said business: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you now or in the future plan to do business with the City of Fort Pierce? If yes, in what capacity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are you employed by a business that is located within the City of Fort Pierce? If yes, state the business and location: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you have special training or knowledge in the area of: Architecture: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Engineering: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Real Estate Brokering: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Contracting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Land Development: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Other: Describe your education, background, training and knowledge in the above area(s): <u>JCHS 1988</u> <u>Local, lover of local entertainment</u> <u>IRSC</u> <u>Business Manager of dental practice + the community.</u>	
Are you currently a member of a Commission-appointed board/committee? If yes, please specify: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Have you ever been convicted of a felony? If yes, what was the nature of the crime(s) you were convicted of: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Referred by: <u>Cindi O'Connell</u>	Applicant Email Address: <u>mattjulieserra@yahoo.com</u>
Date: <u>6/27/17</u>	Applicant's Signature: <u>Julie Serra</u>




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FORT PIERCE, FLORIDA 34950  
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FP

## APPLICATION FOR APPOINTMENT/REAPPOINTMENT

Name of Board or Boards for which you are applying: Sunrise Theatre Advisory Board

Name: E. Clayton "Clay" Yates	Phone: 772-465-7990
Home Address: 719 Georgia Ave, City/Zip Code: Fort Pierce, 34950	How long at this address? 16 years
Are you a citizen of the United States <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation: attorney	
Do you own a business that operates within the City of Fort Pierce? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the address and nature of said business: 201 S. 2d St., Suite 208 – law office	
Do you now or in the future plan to do business with the City of Fort Pierce? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, in what capacity? Caveat: I am counsel for the City Of Fort Pierce Housing Authority, a legal entity separate and apart from the City Of Fort Pierce.	
Are you employed by a business that is located within the City of Fort Pierce? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the business and location: E. Clayton Yates, P.A. 201 S. 2d St. Suite 208	
Do you have special training or knowledge in the area of: Architecture: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      Engineering: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      Real Estate Brokering: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Contracting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      Land Development: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      Other: Describe your education, background, training and knowledge in the above area(s): N/A	
Are you currently a member of a Commission-appointed board/committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please specify:	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what was the nature of the crime(s) you were convicted of:	
Referred by:	Applicant Email Address: clay@yateslawfla.com
Date: 7/14/17	Applicant's Signature: 

APPLICATIONS EXPIRE 6 MONTHS FROM THE DATE OF SUBMISSION. PLEASE REAPPLY AS OFTEN AS DESIRED.  
Please return form to: City Clerk's Office – 100 North US Hwy 1, Fort Pierce, Florida 34950  
fax (772) 467-3841 or via email at lcox@city-ftpierce.com



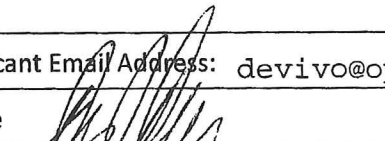
# CITY OF FORT PIERCE

100 NORTH US HWY 1  
FORT PIERCE, FLORIDA 34950  
(772) 467-3065 fax (772) 467-3841

FP

## APPLICATION FOR APPOINTMENT/REAPPOINTMENT

Name of Board or Boards for which you are applying: Sunrise Theatre Advisory Board

Name: Dennis J. DeVivo	Phone: 631-831-8192
Home Address: 4 Harbour Isle Drive East, City/Zip Code: Unit 106, Fort Pierce, FL 34949	How long at this address? 12 years
Are you a citizen of the United States?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Occupation: Insurance agency owner	
Do you own a business that operates within the City of Fort Pierce? If yes, list the address and nature of said business:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you now or in the future plan to do business with the City of Fort Pierce? If yes, in what capacity?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Insurance - Niche Market for Boats & Yacht with Surveying
Are you employed by a business that is located within the City of Fort Pierce? If yes, state the business and location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you have special training or knowledge in the area of: Architecture: <input type="checkbox"/> Yes <input type="checkbox"/> No    Engineering: <input type="checkbox"/> Yes <input type="checkbox"/> No    Real Estate Brokering: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Contracting: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    Land Development: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    Other: Describe your education, background, training and knowledge in the above area(s): B.A 1973, Licensed Agent Broker in NY, PA, NJ, CT, NC, SC, & FL LUTC & CLCS Insurance designations, Flood Specialist for Constuction Building experience in the past.	
Are you currently a member of a Commission-appointed board/committee? If yes, please specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Have you ever been convicted of a felony? If yes, what was the nature of the crime(s) you were convicted of:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Referred by:	Applicant Email Address: devivo@optonline.net
Date: 07/15/2017	Applicant's Signature 

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