



CITY OF FORT PIERCE

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

APPLICATION FOR APPOINTMENT/REAPPOINTMENT

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

Name: <u>Renella Mitchell</u>	Phone: <u>(914) 563-7325</u>
Home Address: <u>230 Peacock Street</u> City/Zip Code: <u>Fort Pierce FLA 34982</u>	How long at this address? <u>5 YRS</u>
Are you a citizen of the United States?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Occupation: <u>NOTARY</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>Mitchell group</u> <u>230 Peacock Street</u> <u>Fort Pierce FLA 34982</u>	
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
<u>100% Mobile Notary</u>	
Are you employed by a business that is located within the City of Fort Pierce? If yes, state the business and location:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>Mitchell Group Mobile Notary</u> <u>230 Peacock St</u> <u>Fort Pierce FLA 34982</u>	
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 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 – (feel free to attach a resume):	
<u>Nursing, Red Cross VNA</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>Area 15 HIV/AIDS Comprehensive Planning Network</u> <u>Florida Dept of Health - Consortium</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>Rmitchell10802@yahoo.com</u>
Date: <u>01/12/2023</u>	Applicant's Signature: <u>Renella Mitchell</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