

Print

Application For Appointment/Reappointment - Submission #22459

Date Submitted: 4/15/2024

Name of Board or Boards for which you are applying:*

Sunrise Theatre Advisory Board

Name:*

Dorrian Bridges

Home Address:*

3013 Penny Way

City:*

Fort Pierce

State:*

FL

Zip:*

34981

How long at this address?*

Two Months

If less than two years, provide prior address:

6780 Samba Street, Fort Pierce, FL 34945

Are you a citizen of the United States? *

Yes

No

Occupation: *

Creative Director, Self-Employed

Employer:*

The Lindsay School of the Arts

Do you own a business that operates within the City of Fort Pierce?*



Yes



No

If yes, list the address and nature of said business:

Performing Arts School

Do you now or in the future plan to do business with the City of Fort Pierce or the Fort Pierce Utilities Authority(FPUA)?*



Yes



No

If yes, in which organization and in what capacity?

Partnering to building a thriving arts and cultural community.

Are you employed by a business that is located within the City of Fort Pierce?*



Yes



No

If yes, state the business and location:

Do you have special training or knowledge in the area of:

Engineering:*

Yes

No

Architecture:*

Yes

No

Real Estate Brokering:*

Yes

No

Finance/Accounting:*

Yes

No

Contracting:*

Yes

No

Land Development:*

Yes

No

Utilities:

Yes

No

Management:*

Yes

No

Describe your professional background and what expertise you will bring to this Board. (Attach your resume or other applicable information below if desired) *

10 Years of experience as a Performing Artist. Over 50,000 performance/touring travel miles.

Are you currently a member of a Commission-appointed board/committee?*

Yes

No

If yes, please specify:

Have you ever been convicted of a felony?*

Yes

No

If yes, what was the nature of the crime(s) you were convicted of:

If appointed, are you willing to attend a training session which could last several hours?*

Yes

No

Referred by:*

Applicant Email Address:*

Date:*

Applicant's Signature:*

APPLICATIONS EXPIRE 6 MONTHS FROM THE DATE OF SUBMISSION. PLEASE REAPPLY AS OFTEN AS DESIRED.

For additional information, please contact the City Clerk's Office at 772.467.3065 or email lcox@cityoffortpierce.com.

Upload Resume (Optional)

Choose File

No file chosen