

Print

Application For Appointment/Reappointment - Submission #22702

Date Submitted: 8/22/2024

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

YOCO

Name:*

Tianna Edgecombe

Home Address:*

1711 N 17th street

City:*

Fort pierce

State:*

FL

Zip:*

34950

How long at this address?*

3 years

Telephone Number*

7726461570

If less than two years, provide prior address:

Are you a citizen of the United States? *



Yes



No

Occupation: *

N/A

Employer:*

N/A

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:

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?

N/A

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) *

I have worked as a secretary in the past, I have many certifications and amazing leadership skills

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



APPLICATION FOR THE CITY OF FORT PIERCE YOUTH COUNCIL

*Please print neatly in blue or black ink.

Name Tianna Edgecombe Date 9/20/2024
Parent's Name(s) Samaria Edgecombe Aunt (Guardian)
Home Phone # 7726461570 Other Phone Line _____
Address 1711 N 17th Street City Fort Pierce State FL Zip 34950
E-mail Address tiannafaith242@icloud.com
School Name: Fort Pierce Westwood Academy Grade: 12 Age: 17
Grade Point Average: 3.7

List the extra-curricular activities that you currently take part in:

I am a National Honors Society member, Key Club, HOSA and First priority.

List any other organizations or clubs you are currently a member of:

I am also a member of the black student union.

Why do you want to be involved in the City of Fort Pierce Youth Council?

I want to be involved to make a difference and develop more amazing leadership skill.

Describe your ideas and goals for this Council and how they can benefit the Community.

I want to provide ways to incorporate more youths in my community and find more resources.

If you could change one thing about this City, what would that be and why?

I would change violence why because it takes the life of many innocent people in this city.

What are you passionate about?

I am passionate about being successful, achieving my goals and making my family proud.

Please Return to: The City of Fort Pierce, City Manager's office: 100 N. US Highway 1, Fort Pierce, FL 34950 or for more info, please call 772-465-4170 or email citymanager_dl@cityoffortpierce.com



APPLICATION FOR THE CITY OF FORT PIERCE YOUTH COUNCIL pt2.

Commitment Statement: I understand that being a member of the City of Fort Pierce Youth Council carries certain responsibilities. I agree to conduct myself as properly befitting a representative of my City and abide by all guidelines of the Council. I understand that four or more consecutive absences from Youth Council meetings is grounds for dismissal.

*Please see the attached List of Offices and Duties document. Student Signature: I have read and understand the above commitments required for the Council.

T.E

9/20/2024

_____ Student Signature _____ Date

Parent/Legal Guardian Signature: I give my permission for the above named applicant to seek a position on the City of Fort Pierce Youth Council and I have read and understand the commitments required for the Council.

9/20/2024

S.E

_____ Parent Signature _____ Date

*Completing this application does not guarantee a seat on the Youth Council. If you have any questions please call 772-465-4170 or email citymanager_dl@cityoffortpierce.com