

# Print

## Application For Appointment/Reappointment - Submission #22593

Date Submitted: 7/25/2024

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

1-Planning Board, 2-Civil Services Appeal Board, 3- Parks Advisory Committe 4-Community Redevelopment Agency

Name:\*

Edlyn Veillard-Byrd

Home Address:\*

1211 North 24th Street

City:\*

Fort Pierce

State:\*

FL

Zip:\*

34950

How long at this address?\*

North 24th st

Telephone Number\*

7722674691

If less than two years, provide prior address:

Are you a citizen of the United States? \*



Yes



No

Occupation: \*

Teacher

**Employer:\***

St Lucie County School System

**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:**

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**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?**

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

Yes

No

**If yes, state the business and location:**

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**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 been an educator for over 10 years in St Lucie County and a volunteer working alone with various organizations within our community.

**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](mailto:lcox@cityoffortpierce.com).

Upload Resume (Optional)

Choose File

No file chosen