

# Print

## Application For Appointment/Reappointment - Submission #23748

Date Submitted: 2/21/2025

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

Arts and Culture Advisory Board

Name:\*

Emily Fingerhut

Home Address:\*

601 S Indian River Dr

City:\*

Fort Pierce

State:\*

FL

Zip:\*

34950

How long at this address?\*

5 Years

Telephone Number\*

772-667-3336

If less than two years, provide prior address:

Are you a citizen of the United States? \*



Yes



No

Occupation: \*

Administrative

**Employer:\***

Botanical Sanctuary

**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) \***

My background in administration and management with a local property management and development company has given me experience with arts and culture, and the city of Fort Pierce. I believe I can be an effective hand in outreach and involvement with community members and city residents, especially the network of artists and art institutions in this area.

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

Yes

No

**If yes, please specify:**

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**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)**

Emily Fingerhut Resume (DD).docx.pdf