
Online Form Submittal: Fort Pierce Youth Council Application

From noreply@civicplus.com <noreply@civicplus.com>

Date Wed 7/2/2025 2:16 PM

To Audria Moore <amoore@cityoffortpierce.com>

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Fort Pierce Youth Council Application

*** indicates required information**

Please download and complete the Required Signatures Form and submit with your application: [Required Signatures Form](#)

For assistance with this application, please contact Audria Moore at 772-467-3184 or amoore@cityoffortpierce.com.

STUDENT INFORMATION

First Name Addison

Last Name Fee

Address1 2401 Wilderness Drive South

Address2 *Field not completed.*

City Fort Pierce

State Florida

Zip 34982

Email Address captaddie@icloud.com

Cell Phone Number 772-318-9060

Home Phone Number 772-971-8069

School John Carroll Catholic High School

Grade Level	12
Grade Point Average	5.38
Age	17
Please list, in order of importance to you, up to four (4) school, volunteer, social, community, athletic, or other activities or organizations that you are currently participating in during your school term thus far.	JCHS President Emeritus National Beta Club National Honor Society Member Volunteer at HCA Florida Lawnwood Hospital JCHS Varsity Cheer Captain
Currently employed?	Yes
How many hours per week do you work?	15
What three (3) social issues that affect the lives of Fort Pierce youth concern you most?	Mental Health issues, Normalized Violence and Economic Disparities
What specific measures would you take to address one or more of the issues listed above?	By bringing in licensed clinicians to discuss Mental Health issues and provide resources in order to bring about awareness, reduce stigma and aide in epidemic. With regard to the rampant normalization of gun/gang violence in our City we could provide greater access to mentorship programs like Project Lift. With regard to reducing economic disparities we could foster greater community collaboration and community focus activities especially within our school district.
What is it about the Fort Pierce Youth Council that interests you?	Five generations deep in this very community, I am deeply invested in serving, improving and preserving my home. Serving on the Youth Council would be a great honor and opportunity make a wave of change. I am humbled by your consideration and grateful for your time. I look forward to offering my time in service along with my peers.
PARENT/GUARDIAN INFORMATION	
First Name	Jennifer
Last Name	Fee
Email Address	jfee@treasurehealth.org
Cell Phone Number	772-971-8069
Attach Required Signatures Form	A.Fee YOCO Sig.pdf

Download Required
Signatures Form

[Required Signatures Form](#)

Attach other supporting
documents

Field not completed.

For assistance, please contact Audria Moore:

<i>Email:</i>	<i>amoore@cityoffortpierce.com</i>
<i>Phone:</i>	<i>(772) 467-3184</i>

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