

Print

Application For Appointment/Reappointment - Submission #24753

Date Submitted: 3/24/2026

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

Civil Service Appeal Board

Name:*

Rashard Alston

Home Address:*

2526 Creekside Drive

City:*

Fort Pierce

State:*

FL

Zip:*

34981

How long at this address?*

3 Years

Telephone Number*

7722400700

If less than two years, provide prior address:

Are you a citizen of the United States? *





Yes



No

Occupation: *

Executive Director

Employer:*

Project Lift

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:

2526 Creekside Drive Fort Pierce Fl. 34981, Firearms Instructor

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?

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

Yes

No

If yes, state the business and location:

Project Lift, 601 Atlantic Ave Fort Pierce Fl. 34950

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

Engineering:*

Yes

No

Architecture:*

Yes

No

Real Estate Brokering:*

Yes

Finanace/Accounting:*

Yes

No

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 bring nearly two decades of experience in the mental health and substance abuse field, having begun my career in 2007. I started as a Mental Health Technician at Port St. Lucie Hospital and have worked my way into leadership, currently serving as the Executive Director at Project LIFT in Fort Pierce. Throughout my career, I have developed strong skills in program management, team leadership, and community-based services. My professional journey has given me a well-rounded understanding of both frontline work and executive-level decision-making within the behavioral health field. I am highly organized and goal-driven, and I pride myself on leading with honesty and integrity. I believe in taking the time to fully understand a situation before offering insight or making decisions, whether in a professional or personal setting. This approach allows me to contribute thoughtful, fair, and informed perspectives. I am confident that my experience, leadership background, and commitment to serving the community would allow me to be a valuable and effective member of the board.

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)

No file chosen