Print

Application For Appointment/Reappointment - Submission #25429

Date Submitted: 10/8/2026

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

Communitywide Council

Name:*

Jaimebeth Galinis

Home Address:*

1710 Plover Ave

City:*

Fort Pierce

State:*

FL

Zip:*

34949-3423

How long at this address?*

1710 Plover Ave

Telephone Number*

5617156317

If less than two years, provide prior address:

1710 Plover Ave

Are you a citizen of the United States? *

- [x] Yes
- [ ] No

Occupation: *

Operational Excellence

Employer:*

Dentsply Sirona

Do you own a business that operates within the City of Fort Pierce?*

- [x] Yes
- [ ] No

If yes, list the address and nature of said business:

725 S 7th Street, property management

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

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:

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:*

- [x] Yes
- [ ] No

Land Development:*

- [ ] Yes
- [x] No

Utilities:

- [x] Yes
- [ ] No

Management:*

- [x] 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) *

https://www.linkedin.com/in/jaimebeth-galinis

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

- [x] Yes
- [ ] No

If yes, please specify:

Adjustment Board

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:*

M Broderick

Applicant Email Address:*

jaimegalinis@gmail.com

Date:*

10/8/2026

Applicant's Signature:*

FL

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