

# Print

## Application For Appointment/Reappointment - Submission #24505

Date Submitted: 12/12/2025

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

Park Advisory Committee

Name:\*

Betty Lesane

Home Address:\*

2907 Ave M

City:\*

Fort Pierce

State:\*

FL

Zip:\*

34947

How long at this address?\*

50 years

Telephone Number\*

7723598836

If less than two years, provide prior address:

Are you a citizen of the United States? \*





Yes



No

**Occupation: \***

Behavior Interventionist Classroom Monitor

**Employer:\***

Saint Lucie County School Board

**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:**

**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:

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

NO

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 have lived in Fort Pierce my entire life and have been part of the same community as well. My job is not limited to just monitoring the students during school. I also communicate with the parents as well, which they are part of the community....even though it's educational purposes, I think it contributes to the cause. I am willing to dedicate my time, knowledge, and effort to help as much as possible to improve 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:\*

Commissioner Arnold Gaines

Applicant Email Address:\*

bettyboo\_129@yahoo.com

Date:\*

12/12/25

Applicant's Signature:\*

Betty Lesane

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)**

No file chosen