FORT PIERCE YOUTH COUNCIL

APPLICATION FOR THE CITY OF FORT PIERCE YOUTH COUNCIL

***Please print neatly in blue or black ink.**

Name Ivean Lorrevil **Date** 06/22/2025

Parent's Name(s) Solange Lorrevil Yvon Lorrevil

Home Phone # 772-240-4594 **Other Phone Line** _____

Address 502 Mayflower Ln **City** Fort Pierce **State** FL **Zip** 34950

E-mail Address iveanlorrevil13@gmail.com

School Name: Fort Pierce Westwood Academy **Grade:** 12 **Age:** 17

Grade Point Average: 4.0

List the extra-curricular activities that you currently take part in:

Upper Bound Math & Science, MOA

List any other organizations or clubs you are currently a member of:

Why do you want to be involved in the City of Fort Pierce Youth Council?

I want to get more involved in my community and keep up on what goes on to a day to day basis.

Describe your ideas and goals for this Council and how they can benefit the Community.

I hope to be able to learn from my peers and get different perspectives on what happens in my local area.

If you could change one thing about this City, what would that be and why?

I would like more cultural events and better facilities for the kids and for sports. I feel like Fort Pierce can be lacking in these areas especially compared to other places like West Palm.

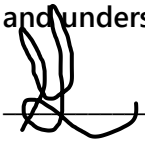
What are you passionate about?

I'm very passionate about building, I love Legos and love any hands on project. It's something I'm building my future around.

Please Return to: The City of Fort Pierce, City Manager's office: 100 N. US Highway 1, Fort Pierce, FL 34950 or for more info, please call 772-465-4170 or email citymanager_dl@cityoffortpierce.com

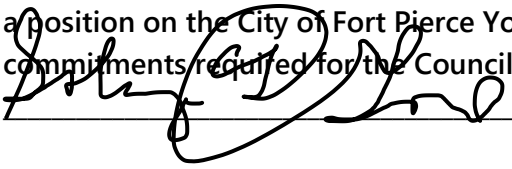
APPLICATION FOR THE CITY OF FORT PIERCE YOUTH COUNCIL pt2.

Commitment Statement: I understand that being a member of the City of Fort Pierce Youth Council carries certain responsibilities. I agree to conduct myself as properly befitting a representative of my City and abide by all guidelines of the Council. I understand that four or more consecutive absences from Youth Council meetings is grounds for dismissal.
***Please see the attached List of Offices and Duties document. Student Signature: I have read and understand the above commitments required for the Council.**



_____ Student Signature _____Date

Parent/Legal Guardian Signature: I give my permission for the above named applicant to seek a position on the City of Fort Pierce Youth Council and I have read and understand the commitments required for the Council.



_____ Parent Signature 6/22/2026 **_____Date**

***Completing this application does not guarantee a seat on the Youth Council. If you have any questions please call 772-465-4170 or email citymanager_dl@cityoffortpierce.com**