



CITY OF GREENACRES
BOARD AND COMMITTEE SERVICE APPLICATION

NAME: Quinella Davis

PHONE: (954) 601-7594

ADDRESS: 1415 14th Lane

CITY, STATE & ZIP: Greenacres, FL 33463

EMAIL ADDRESS: yo1pleasure@gmail.com

EMPLOYER NAME: Automation Strategy & Performance OCCUPATION: Program Account Manager

Please provide a description of your education and experience as it relates to the board(s) on which you wish to serve and describe your interest for serving. (You may attach a copy of your resume.)

I would be honored to serve on the Education Advisory committee. With a Master's in Management & over 20 years experience in higher education, workforce, and strategic partnerships (e, other ~~other~~ industry); I have dedicated the last 13 yrs of my career to advancing student success & building stronger communities. I'm especially drawn to the mission because I believe the combination of student + educator + community make all the difference. I look forward to contributing my expertise to support the committee if chosen.

Do you currently hold any City office? Yes No

Do you own a business within the City? Yes No If yes, which one? _____

On which Board or Committee are you interested in serving?

Board of Trustees – PSO & Firefighters
Retirement
 Charter Review Committee
 Education Advisory Committee

Building Board of Adjustments & Appeals
 Planning and Zoning Board/Local Planning Agency

Applicant Signature: Quinella Davis

Date: 9/25/25

Nominated By: _____

(City of Greenacres Youth Programs)