Profile				
Rachel	<u>L</u>	Toperzer		
First Name	Middle Initial	Last Name		
rreed2016@fau.edu Email Address			_	
2220 53rd ave Street Address			Suite or Apt	
Vero beach			FL FL	32966
City			State	Postal Code
Home: (434) 944-4857			_	
Primary Phone	Alternate Pho	one		
Owner of Growing Mental Health Therapy Employer	Mental h	nealth therapist	_	
Which Boards would you	like to ap	oply for?		
CCAC Children's Convices Adv	disant Cam	mittae. Cubmitted		
CSAC - Children's Services Adv	risory Com	mittee: Submitted		
How long have you been	a residen	t of Indian River	County?	
10 years				
Are you a full-time or par	t-time re	sident? Select on	e. *	
☑ Full Time				
Please list current employ experience that may be a				any business
Growing Emotions Mental Hea	Ith Therapy	y LLC Childcare Resc	ources Tykes and	d Teens
Please list any licenses ye	ou preser	ntly hold:		
SW 22651				
Please list any organizati	on of whi	ich you are curre	ntly a membe	r:
N/a				
Please list any other com	mittees o	or boards you cur	rently sit on:	
N/a				

Interests & Experiences

Why are you interested in serving on a board or commission?

I am a child mental health therapist and I know the need is huge for children in our community.

Resume_2024.docx

Upload a Resume

Demographics

Race (Used for State Reporting) *

Caucasian

Do you have a government recognized disability? (Used for State reporting information)