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**Profile**

Christopher

First Name

T

Middle  
Initial

Roberts

Last Name

chroberts0015@gmail.com

Email Address

313 Brookedge Ter

Street Address

Suite or Apt

Sebastian

City

FL

State

32958

Postal Code

Home: (772) 643-0615

Primary Phone

Alternate Phone

Trinity omnicient

Employer

Office assistant

Job Title

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**Which Boards would you like to apply for?**

CDBG - Community Development Block Grant Citizen Advisory Task Force: Submitted

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**How long have you been a resident of Indian River County?**

19 years

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**Are you a full-time or part-time resident? Select one. \***☒ Full Time

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**Please list current employer or businesses. If retired, please list any business experience that may be applicable to the committee.**

I am a medical case manager at a clinic called Comprehensive Healthcare

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**Please list any licenses you presently hold:**

I am CPR certified

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**Please list any organization of which you are currently a member:**

I am a member of Community Baptist Church in Sebastian.

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**Please list any other committees or boards you currently sit on:**

I serve on the planning and zoning committee for the City of Sebastian.

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**Interests & Experiences**

Christopher T Roberts

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

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I have an interest in participating in local government and helping to contribute towards my community.

[Finalized\\_resume.docx](#)

Upload a Resume

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**Demographics**

**Race (Used for State Reporting) \***

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☒ Caucasian

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

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☐ Yes ☒ No