

Application Form

Profile

NOTE: Each Applicant is advised to attend at least one meeting prior to applying for appointment.

ciancioa@mydelraybeach.com

Email Address

Ariana

First Name

Ciancio

Last Name

Middle Initial

300 W. Atlantic Ave

Home Address

Suite or Apt

Delray Beach

City

FL

State

33444

Postal Code

Mobile: (561) 302-0308

Primary Phone

Business: (561) 302-0308

Alternate Phone

Delray Beach Police Department

Employer

Service Population Advocate Manager

Occupation

Business Address

300 West Atlantic Ave Delray Beach FL 33444

Business Phone

561-243-7840

Board Selection

Which Boards would you like to apply for?

Opioid Settlement Advisory Committee : Eligible

Qualifications

Please select all that apply: \*

☒ Local organizer

Are you a registered FL voter?

☒ Yes ☐ No

Are you a vendor or employed by a vendor that does business with the city?

☐ Yes ☒ No

**Are you a lobbyist or employed by a lobbyist, as defined in the Palm Beach County Registration Ordinance?**

☐ Yes ☒ No

**Have you attended any Delray Beach Commission or Advisory Board Meetings?**

☒ Yes ☐ No

**If yes, please describe and provide dates if possible.**

I attend at times, last one was 4/8/25

**Are you currently serving, or have you ever served on a Delray Beach Advisory Board? If yes, please provide details and dates.**

No I have not

**Are you aware of any potential conflict of interest (including, without limitation, any potential voting conflicts or potential prohibited conflicts) that may arise from your serving on the City board or committee to which you are seeking appointment?**

☐ Yes ☒ No

**If yes, please explain:**

**Do you, any member of your immediate family, your employer or your business (or any entity in which you have a controlling interest) currently have any contractual relationship with, or do business with, the City, or has there been any such relationship within the past 5 years?**

☐ Yes ☒ No

**If yes, please explain:**

**Do you (or any entity in which you have a controlling interest) have any delinquent accounts with the City or owe any monies to the City?**

☐ Yes ☒ No

**If yes, please explain:**

**Do you (or any entity in which you have a controlling interest) have any pending code enforcement cases or unpaid, certified code enforcement fines relating to property in the city that is owned or rented by you (or any entity in which you have a controlling interest)?**

☐ Yes ☒ No

**If yes, please explain:**

**Do you (or any entity in which you have a controlling interest) have any pending code enforcement cases or unpaid, certified code enforcement fines for any other violations relating to other city codes?**

☐ Yes ☒ No

**If yes, please explain:**

**Have you ever been found to have violated, or had a complaint filed against you alleging a violation of, the Florida Code of Ethics for public officers and employees, Palm Beach County Code of Ethics (or any other ethics code)?**

☐ Yes ☒ No

**If yes, please explain:**

**If you lease property in the downtown area, do you pay taxes on the property as part of your lease agreement?**

☐ Yes ☒ No

Please upload a copy of your lease

Question applies to Opioid Settlement Advisory Committee

**Select one of the following \***

☒ Member who is a State of Florida Licensed Mental Health Professional.

Question applies to Opioid Settlement Advisory Committee

[2025\\_LMHC\\_Renewal.pdf](#)

Relevant Licenses and/or Certifications: (Please upload)

## **Interests & Experiences**

**List any certifications or licenses which may further qualify you to serve on a board or committee.**

LMHC Licensed mental health counselor MCAP Master certified addiction professional ICADC International certified alcohol drug counselor NCC National Certified Counselor

**Briefly describe why you wish to serve as a member of a board or committee and how your personal experience and background relate:**

I am interested in being part of the solution. I have worked in the field of addictions for over 30 years and the opioid epidemic has directly affected me personally and professionally.

**List any other community/civic involvement which you would like the Commission to consider:**

I have been part of the State Attorney Addiction Recovery Task force, previously Sober Home Task force for 7 1/2 years I am currently a board member for the Behavioral Health Substance Use Co-Occurring disorder task force for palm beach county

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**University attended:**

Florida Atlantic University Nova Southeastern University

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**Degree(s) received:**

BA in psychology MS in Mental Health Counseling

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**Major area of study:**

Psychology and Mental Health

[2025\\_LMHC\\_Renewal.pdf](#)

Upload a Resume

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**Terms of Acceptance**

Applications are kept on file in the City Clerk's Office for a period of two years.

Applicants may supplement their application with a resume or other information relevant to their qualifications.

**Declaration of Personal Information Exemption:**

Personal information provided in this application is public information unless the applicant qualifies for an exemption pursuant to Florida Statutes. You are encouraged to thoroughly read the applicable sub-sections of F.S. 119.0 71 ([Click here to view](#)). If you qualify for an exemption, please indicate below which statutory provision you are citing for the exemption. If you qualify, your address and phone number are protected information. You may contact the Board Liaison at 243-7056 if you have any questions.

**My address and telephone number are statutorily exempt from public disclosure:**

☒ Yes ☐ No

**If yes, pursuant to which sub-section of F.S. 119.071?**

(1)(a)

**Please Agree with the Following Statement:**

**I understand the duties and responsibilities of the board(s) or committee(s) for which I am applying. By signing below, I warrant the truthfulness and accuracy of the information provided in this application.**

☒ I Agree

**E-Signature of Applicant:**

Ariana Cancio

**Please Agree with the Following Statement**

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**I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.**

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☒ I Agree

**From:** [Givings, Alexis](#)  
**To:** [Rodriguez, Marianne](#)  
**Cc:** [Harris, Patrice](#)  
**Subject:** FW: Ariana Ciano  
**Date:** Tuesday, April 15, 2025 4:31:10 PM  
**Attachments:** [image001.png](#)  
[image002.png](#)  
[image004.png](#)

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Fyi...

Kind Regards,



**Alexis Givings, CMC**  
**City Clerk**

**Office of the City Clerk**  
100 N.W. 1<sup>st</sup> Avenue  
Delray Beach, FL 33444  
(561) 243-7053  
[givingsa@mydelraybeach.com](mailto:givingsa@mydelraybeach.com)

" PUBLIC RECORDS NOTE: Florida has a very broad public records law. Most written communications to or from local officials, employees, or the general public regarding city business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

PLEASE NOTE: Pursuant to Florida's Government in the Sunshine Act (a.k.a. "Sunshine Law"), e-mails containing city business should be directed to either: all City Commissioners or only 1 City Commissioner at a time and should not include prior responses from other Commissioners in order to avoid the perception that a third party is acting as a liaison between Commissioners. "

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**From:** Mager, Russ <[Mager@mydelraybeach.com](mailto:Mager@mydelraybeach.com)>  
**Sent:** Tuesday, April 15, 2025 3:44 PM  
**To:** Givings, Alexis <[givingsa@mydelraybeach.com](mailto:givingsa@mydelraybeach.com)>  
**Cc:** Oris, Jeff <[OrisJ@mydelraybeach.com](mailto:OrisJ@mydelraybeach.com)>  
**Subject:** Ariana Ciano

I am recommending Ariana Ciano to serve as the police departments representative for the Opioid Settlement advisory Committee.

Chief Russ E. Mager  
Delray Beach Police Department  
Ph: 561-243-7846  
Web: [www.mydelraybeach.com](http://www.mydelraybeach.com)



*Serving with H.E.A.R.T*

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