

City of Palm Coast, Florida Agenda Item

Agenda Date: July 21, 2026

Agenda Item: H.1

Department CITY ADMINISTRATION Division	Amount Org/Account #
Subject: APPOINT ONE (1) MEMBER TO THE VOLUNTEER FIREFIGHTERS PENSION BOARD	
Presenter: Mayor and City Council	
Attachments: 1. Application (1)	
Background: In April of 2024, City Council appointed Patrick Juliano to the Volunteer Firefighters Pension Board. With Mr. Juliano's resignation, City Council will need to appoint one applicant to fill the open seat. The intent of the Board is to serve as the Volunteer Firefighters' Retirement System Plan Administrator and The Trustee of the Fund. In addition, the general administration, management, and responsibility for the proper operation of the system shall be vested in the Board. The Board is responsible for administering the trust fund. Section 175.06, Florida Statutes mandates that the pension plan be administered by a five (5) member Board. Two (2) of the five (5) members are to be appointed by City Council; two (2) are elected by the Volunteer Firefighters and the fifth member is chosen by the majority of the previous four (4) members. Statute sets the term of the office at two (2) years for all members; however, there are no term limits. One (1) application was received and is attached to this item.	
Recommended Action: APPOINT ONE (1) MEMBER TO THE VOLUNTEER FIREFIGHTERS PENSION BOARD	



VOLUNTEER BOARD AND COMMITTEE APPLICATION

Thank you for your interest in serving the City of Palm Coast.

Your completion of this application is necessary so that the members of the City Council can thoroughly review each application as part of their consideration of your appointment.

Please be advised that background screening of all applicants is required.

Résumés may be attached.

Please check the Board/Committee/Council for which you are applying:

☐	Beautification & Environmental Advisory Committee *	☐	Planning & Land Development Regulation Board * ** ♠
☐	Code Enforcement Board *	☒	Volunteer Firefighters' Pension Fund Board *
☐	Citizen's Advisory Committee	☐	Bicycle and Pedestrian Advisory Committee
☐	Residential Drainage Citizen Advisory Committee *	☐	Charter Review Committee
☐	Parks & Recreation Advisory Board		
☐	Flagler County Housing Task Force/Affordable Housing Advisory Council: ☐ Citizen from the City of Palm Coast representing essential services personnel ☐ Representative of residential home building industry		

* Appointees must file a Financial Disclosure Form 1 at time of appointment and **ANNUALLY** thereafter with the Florida State Commission on Ethics.

** Appointees will also serve on the Citizens' Advisory Task Force

♠ Requires at least one board member to be appointed from **EACH** City Council District, when possible.

ALL CITY BOARDS AND COMMITTEES ARE SUBJECT TO THE SUNSHINE LAW AND PUBLIC RECORDS LAW.

RE-APPOINTMENT

☐ Yes ☒ No

1. PERSONAL

Name: Dylan T Mulligan E-mail address: Mulligan.dylan31@gmail.com

Mailing Address (If Different from Residence):

Home Phone

Business Phone:

Date of Birth: 05/06/1995 Place of Birth: Sharon, Pa

How long have you been a permanent resident of Palm Coast? 18.5 years

What year did you become a continuous resident of the City of Palm Coast? 2007

List all places of residence for the last five years.

Address	City & State	From	To
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
445 Shady Oaks Dr Apt 201	Palm Coast FL	June 2021	Aug 2022
485 Shady Oaks Dr Apt 200	Palm Coast FL	Oct 2019	June 2021

Are you a registered voter in Flagler County? ☒ Yes ☐ No

Have you ever used or been known by any other legal name? ☐ Yes ☒ No

If yes, explain: _____

Are you a citizen of the United States? ☒ Yes ☐ No

If no, explain: _____

If you are a naturalized citizen of the United States, date of naturalization: _____

2. **EMPLOYMENT HISTORY** (A résumé may be attached at the option of the applicant) (If retired, please still list your previous occupation and employment history.)

If retired, please list your occupation before retirement: _____

Occupation: Firefighter/Paramedic Current Employer: City of Palm Coast

Current Business Address: 160 Lake Ave

Palm Coast FL 32164 386 986 2360
City State Zip Phone #

List all of your employment history during the last five years. Include employers' name, business address, type of business, occupation, or job title and period(s) of employment.

Employer & Address	Type of Business	Occupational Title	Period of Employment
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Have you ever been employed by any state, district, or local governmental agency in Florida? ☒ Yes ☐ No
If yes, identify the position(s), the name(s) of the employing agency and the period of employment.

Position	Employee Agency	Period of Employment
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Firefighter/Paramedic City of Palm Coast Fire Dept Current

3. EDUCATION

High School: Matanzas High School Palm Coast FL Year Graduated: 2013
Name & Location

List postsecondary educational institutions or programs attended:

Name & Location	Dates Attended	Certificate/Degrees Received
<u>First Flagler Technical College</u>	<u>10/2020 - 6/2021</u>	<u>Emergency Medical Tech.</u>
<u>Daytona State College</u>	<u>7/2021 - 11/2021</u>	<u>FL Firefighter cert of Compliance</u>
<u>Daytona State College</u>	<u>1/2022 - 6/2023</u>	<u>Paramedic Certi</u>

4. MILITARY SERVICE

Are you or have you ever been a member of the Armed Forces? ☐ Yes ☒ No

Date of Service: _____

Branch or Component: _____

Date and Type of Discharge: _____
If yes, explain below: ☒ Yes ☐ No

5. INTEREST/ACTIVITIES/COMMUNITY AND/OR CIVIC INVOLVEMENT?

Are you currently or have you ever served on any City Volunteer Board or Committee? ☐ Yes ☒ No
If yes, which Board or Committee? _____

List any business, professional, occupational, civic, or fraternal organizations or community groups of which you have been a member during the past five (5) years.

Name of Organization(s)

Palm Coast Professional Firefighters Local 4807

6. QUALIFICATIONS FOR APPOINTMENT

State your experiences and interests or elements of your personal history that qualify you for this appointment.

PCFD Lieutenant and Palm Coast resident. Previously served as treasurer of IAFF Local 4807 and have experience managing budgets, finances and organizational resources. My leadership and financial experience support sound pension fund oversight.

through responsible stewardship of fund assets and informed decision making in the best interest of maintaining accountability, transparency and long term financial stability.

Have you received any degree(s), professional certification(s), or designation(s) related to the subject matter of this appointment? If yes, list below: ☐ Yes ☒ No

Do you currently hold any office or position (appointive, civil service, or other) with any government entity? If yes, list below: ☒ Yes ☐ No

Lieutenant Paramedic - City of Palm Coast

Have you ever been elected or appointed to any public office? If yes, list below: ☐ Yes ☒ No

Office Title	Date of Election or Appointment	Term of Office	Level of Government
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Have you or a business of which you have been an owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with City government, including the office or agency to which you have been appointed or are seeking appointment? ☒ Yes ☐ No If yes, explain below:

Name of Business	Relationship to the Business	Business Relationship to Agency
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<u>Palm Coast Fire Dept</u>	<u>employee</u>	<u>employment with the city of Palm Coast</u>
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Have you held or do you hold any occupational or professional licenses(s) in the State of Florida? ☒ Yes ☐ No If yes, provide the information below. If any disciplinary action (fine, probation, suspension, revocation, disbarment, etc.) has been taken against you by the issuing authority, state the type and date of this action.

License/certificate Title & No.	Original Date of Issuance	Issuing Authority	Disciplinary Action/Date
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<u>Firefighter cert of compliance 189357</u>	<u>11-30-21</u>	<u>Division of State Fire Marshal</u>	<u>No</u>
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<u>Emergency Medical Tech. EMT 574556</u>	<u>11-30-21</u>	<u>FL DoH</u>	<u>No</u>
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<u>Paramedic PM0543491</u>	<u>6-20-23</u>	<u>FL DoH</u>	<u>No</u>
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How do you believe that your education, experience, talents and skills will benefit the work of the Board or Committee and are you willing to act as a decision maker and not as an advocate, if required by law?

I bring experience in leadership, budgeting, and organizational management, along with a commitment to fairness, accountability, and public trust. I understand the responsibilities of board service and am willing to make objective decisions based on the facts presented.

What is your understanding of the relationship of this Board or Committee to the City Council?

That City Council appoints members to the Board, while the Board is independently responsible for administering and overseeing the Firefighters' Retirement System and Trust.

7. REFERENCES – Please list three references (business and/or personal)

Andrew Calkins 660 Hazen Rd Deland FL 386 748 0902

Name, Address & Telephone Number

Tim McCorkle 72 Leidel Dr PalmCoast FL 386 931 0983

Name, Address & Telephone Number

Cody Anderson 14 Pinell Ln PalmCoast FL 386 931 9434

Name, Address & Telephone Number

RETURN TO:

City Clerk

PHONE:

386-486-3713

City of PalmCoast

1601 S. US Hwy 1

PalmCoast, FL 32177

FAX:

386-486-3713

WEBSITE:

www.palmcoastfl.gov

ALL CITY COUNCIL AND BOARD ACTIONS ARE SUBJECT TO THE SUNSHINE LAW AND PUBLIC RECORDS LAW.

NOTICE: The primary purpose of Government in the Sunshine Law is to assure public access to the decision-making processes of public boards and commissions. The Sunshine Law applies to all public meetings, deliberations as well as to formal actions taken by boards and commissions.

8. ACKNOWLEDGMENT

If required by law, will you file a financial disclosure statement?

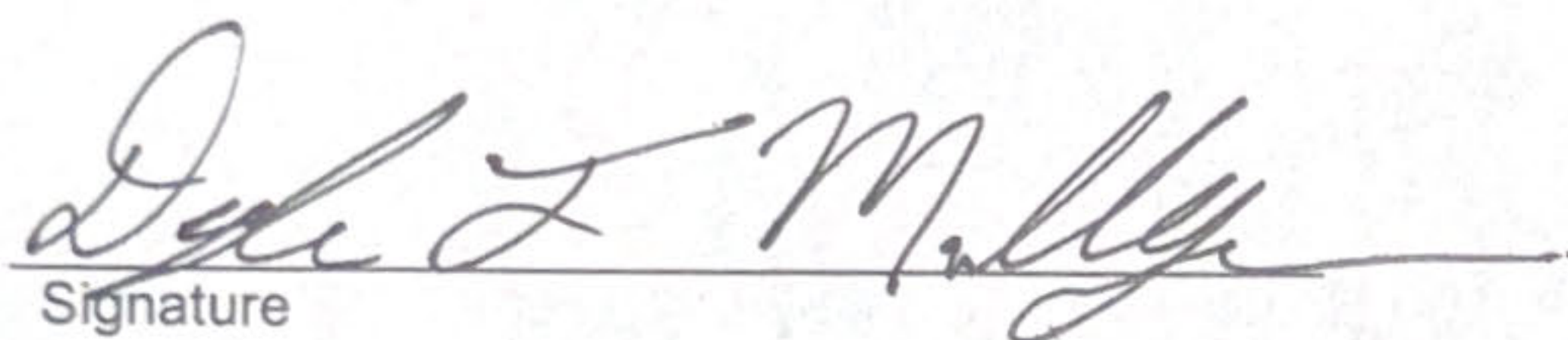
☒ Yes

☐ No

I understand the responsibilities associated with being a member of a City Board or Committee and that I may be subject to financial disclosure laws and ex parte communications rules and that I will be subject to the Code of Ethics for Public Officers and Employees and City rules of conduct.

I certify that I have adequate time to serve if appointed and that I will serve in accordance with the requirements of the Board or Committee to which I am appointed.

Further, by executing this application below, I am authorizing City staff to perform a personal background screening, which shall include a general criminal records check and other checks relative to the board or committee for which I am applying.


Signature

5-13-20
Date

NOTE:

If you have questions concerning the duties and responsibilities of any of the above Boards or Committees please contact the City Clerk.

RETURN TO:

City Clerk
City of Palm Coast
160 Lake Ave.
Palm Coast, Florida 32164

PHONE:

386-986-3713

EMAIL:

cityclerk@palmcoastgov.com

WEBSITE:

www.palmcoastgov.com

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SUNSHINE LAW:

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