



CITY OF WINSTON-SALEM
 OFFICE OF THE MAYOR - ALLEN JOINES
**CITIZEN APPLICATION FOR ADVISORY
 BOARDS AND COMMISSIONS**

				Date:			
Last Name:		First Name:		Middle Initial:			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:		Birthdate:			
Email:				Home Phone:			
Daytime Phone:			Cell Phone:				
Home Address:							
Live in Winston-Salem City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No				Live in Forsyth County? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a graduate of the City of Winston-Salem University? <input type="checkbox"/> Yes <input type="checkbox"/> No						Year	
Current Occupation/Title							
Employer/Business Name							
Business Address (with zip code):							
Supervisor's Name:							
Education: <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Graduate School <input type="checkbox"/> Other:							
Degree and Subject of Study:							
School Name/Years Attended:							
Applying for Board/Commission (enter one):							
Why are you interested in serving on that Board/Commission?							
What Board or Commission are you currently serving?							
				Term Expiration Date:			
Are you willing to serve on any other Board/Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, please list:							
Are you interested in serving in any other community volunteer activities? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, please list:							
Interests/Skills/Areas of Expertise/ Professional Organizations:							

List two professional references below:			
1.	Name:		Daytime Phone:
	Address:		
	Relationship:		
2.	Name:		Daytime Phone:
	Address:		
	Relationship:		
AFFIRMATION OF ELIGIBILITY			
Has any formal charge of professional misconduct, criminal misdemeanor, or felony ever been filed against you in any jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain.			
Is there any possible conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee to a Board/Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain.			
I understand this application is public record, and I certify the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree any misstatement or conduct will be cause for my removal from any board or commission.			
Signature of Applicant: <i>(Please print and sign.)</i>		Date:	

PLEASE ATTACH RESUME

RETURN COMPLETED FORM TO:

Mayor's Office, P.O. Box 2511, Winston-Salem, NC 27102

Website: <http://www.CityofWS.org/Government/PublicMeetings>

Email: MayorsOffice@CityofWS.org Fax: 336-748-3241 Telephone: 336-727-2058

Note: Applications will be kept on file for two years from the date of application.