



CITY OF WINSTON-SALEM
MAYOR PRO TEMPORE

CITIZEN APPLICATION FOR
COMMUNITY APPEARANCE

Name: _____ Race: _____

Gender: male ___ female ___ Birth date: _____ E-mail: _____

Home Phone: _____ Daytime Phone: _____ Fax: _____

Home Address: _____

Do you live within the City Limits of Winston-Salem? (check one): Yes ___ No ___

Do you live within the County of Forsyth? (check one): Yes ___ No ___

Current Occupation/Title: _____

Employer/Business Name: _____

Business Address and Zip: _____

Supervisor Name: _____ Telephone: _____

Education: High School [] College [] Graduate School [] Other []

Degree/Subject of Study: _____

School Name/Years Attended: _____

BOARD/COMMISSION APPLYING FOR (list one): _____

List the Board or Commission you currently serve and your term expiration date. _____

Why are you interested in serving on the Board/Commission you are applying for? _____

Are you willing to serve on any other Board/Commission? Please list: _____

Are you interested in serving in any other community volunteer activities? _____

Interest/Skills/Areas of Expertise/Professional Organizations

List two personal references below.

Name: _____ Daytime Telephone: _____

Address: _____ Relationship: _____

Name: _____ Daytime Telephone: _____

Address: _____ Relationship: _____

AFFIRMATION OF ELIGIBILITY

Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction?

Yes _____ No _____ If yes, explain complete disposition. _____

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?

Yes ____ No ____ If yes, explain _____

I understand this application is public record, and I certify that 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 that any misstatement or conduct will be cause for my removal from any board or commission.

Signature of Applicant: _____ Date: _____

RETURN COMPLETED FORM TO: