



CITY OF WINSTON-SALEM  
MAYOR PRO TEMPORE

APPROVED

CITIZEN APPLICATION FOR  
COMMUNITY APPEARANCE

Name: SCOTT ARNOLD Race: CAUCASIAN  
 Gender: male  female  Birth date: 12/9/63 E-mail: SCOTT PLD@YANBO.COM  
 Home Phone: <sup>336</sup>724-7001 Daytime Phone: <sup>336</sup>414-2848 Fax: \_\_\_\_\_  
 Home Address: 1121 S. HAWTHORNE ROAD 27103  
 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: LANDSCAPE ARCHITECT  
 Employer/Business Name: ARNOLD LANDSCAPE ARCHITECTURE, INC.  
 Business Address and Zip: 501 SHEPARD ST. W-S, NC 27103  
 Supervisor Name: SUITE B-4 Telephone: 414-2848  
 Education: High School [ ] College [  ] Graduate School [ ] Other [ ]  
 Degree/Subject of Study: LANDSCAPE HORTICULTURE  
 School Name/Years Attended: NCSU 90-

BOARD/COMMISSION APPLYING FOR (list one): COMMUNITY APPEARANCE  
 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? WE LOVE OUR CITY AND CARE ABOUT ITS FUTURE -

Are you willing to serve on any other Board/Commission? Please list: RECREATION & PARKS, STORMWATER APPEALS  
 Are you interested in serving in any other community volunteer activities? YES

Interest/Skills/Areas of Expertise/Professional Organizations

RUNNING, RAISING 2 SMALL CHILDREN, REMODELING OLD HOMES,  
AMERICAN SOCIETY OF LANDSCAPE ARCHITECTS (ASLA)

List two personal references below.

Name: YASSER YOUSSEF Daytime Telephone: 765-7690

Address: 2325 S. STRATFORD RD Relationship: FRIEND

27103

Name: DAN BESSE Daytime Telephone: 722-1674

Address: \_\_\_\_\_ Relationship: FRIEND

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: *Jon Satt Stroh* Date: 11/12/13

RETURN COMPLETED FORM TO: