

## CITY OF WINSTON-SALEM OFFICE OF THE MAYOR - ALLEN JOINES

## CITIZEN APPLICATION FOR ADVISORY BOARDS AND COMMISSIONS

								Date:	3/19/	2018	
Last Name: Boden					F	irst Name:	Ray			Middle Initial:	
Gender:   ■ Male   □ Female				Race: Cauc		Birthdate:		July 27, 1968			
Email: boden@winstons				alemopen.com					310.968.0133		
Daytime Phone:				Cell Phone:				1900 \$1 pa jilgi a <sub>n</sub> da lan dalaan	d		
Home Ad	dress:	708	E Avalo	n Rd	, Wir	nston-Sa	ılem NC	2710	)4	,	gitalina lada ka amerika ere ere ere ere er
Live in Winston-Salem City Limits? ■ Yes □ No Live in Forsyth County? ■ Yes □ No											
Are you a graduate of the City of Winston-Salem University?   Yes No Year											
Current Occupation/Title Operations Director - WS Cyclling Classic, WS Open									pen		
Employer/Business Name				Self Employed / USTA							
Business Address (with zip code):											
Supervisor's Name: Bill Oakes											
Education:  High School  College  Graduate School  Other:											
Degree and Subject of Study:   Economics, Sport Management											
School Name/Years Attended: Florida State U, Masters Villanova											
Applying for Board/Commission (enter one): Public Assembly Facilities Commission											
Why are you interested in serving on that Board/Commission?			To help serve the interest and improve public facilities.								
What Board or Commission are									-		
you currently serving?			Term Expiration Date:								
Are you willing to serve on any other Board/Commission?   Yes  No											
If yes, please list:							, , , , , , , , , , , , , , , , , , , ,				
Are you interested in serving in any other community volunteer activities?   Yes  No											
If yes, please list:											
Interests/Skills/Areas of Promotional, Marketing, Event Coordination, Event Operation Expertise/ Professional Organizations:											

Updated 1/27/16

List two professional references below:									
1.	Name:	Bill Oakes	Daytime Phone:	336.758.6409					
	Address:	Deacon Blvd, Winston-Salem, NC							
	Relationship:	WFU - Assistant AD							
2.	Name:	Mitch Phipps	Daytime Phone;	336,727.7462					
	Address:	Spruce St, Winston-Salem, NC							
	Relationship:	Winston Salem Journal							
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.									
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 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:									
~	lease print and sign		Date: 3 -/	9-18					

## **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.