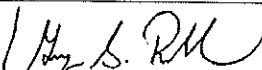


NOV 06 2018



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

| | | | |
|--|---|-------------------------|--|
| | | Date: 11/2/18 | |
| Last Name: | Redd | First Name: | George |
| Middle Initial: | S. | Gender: | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |
| Race: | Black | Birthdate: | 11/19/74 |
| Email: | georgeredd4@gmail.com | Home Phone: | N/A |
| Daytime Phone: | N/A | Cell Phone: | (336) 944-3745 |
| Home Address: | 2531 Kingsgate Dr. Winston-Salem, NC 27101 | | |
| Live in Winston-Salem City Limits? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Live in Forsyth County? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you a graduate of the City of Winston-Salem University? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Year | N/A |
| Current Occupation/Title | Director of Program Services | | |
| Employer/Business Name | Habitat for Humanity of Forsyth County | | |
| Business Address (with zip code): | 1023 W. 14th St. W-S, NC 27105 | | |
| Supervisor's Name: | Mrs. Joni Yoder | | |
| Education: | <input type="checkbox"/> High School <input checked="" type="checkbox"/> College <input type="checkbox"/> Graduate School <input type="checkbox"/> Other: | | |
| Degree and Subject of Study: | BA/Sociology | | |
| School Name/Years Attended: | George Mason University 97-02 | | |
| Applying for Board/Commission (enter one): | Winston-Salem Affordable Housing Coalition | | |
| Why are you interested in serving on that Board/Commission? | I want to make sure all families have a decent and affordable place to live. | | |
| What Board or Commission are you currently serving? | Urban Food Policy Council | | |
| Term Expiration Date: | 9/20 | | |
| Are you willing to serve on any other Board/Commission? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, please list: | Commission on Ending Homelessness and Housing Authority | | |
| Are you interested in serving in any other community volunteer activities? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, please list: | Community Development | | |
| Interests/Skills/Areas of Expertise/ Professional Organizations: | Strategic planning -Multi-site operations - Key partnership development -Team building -Budget management -Project management -Policy/Program development -Visionary leadership -Empathy -Best practice & benchmarking Omega Psi Phi, Inc & PHA, 30th District | | |

| List two professional references below: | | | |
|--|---------------|--|-------------------------------|
| 1. | Name: | Mr. Barry Roundtree (Retired WSPD Chief) | Daytime Phone: (336) 407-8908 |
| | Address: | 5095 Rocky Springs Ct. Kernersville, NC 27284 | |
| | Relationship: | Colleague | |
| 2. | Name: | Mr. William Penn (Capt. WSPD) | Daytime Phone: (336) 413-6263 |
| | Address: | 2212 Hannon Dr. Winston -Salem, NC 27101 | |
| | Relationship: | Colleague | |
| 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 checked="" type="checkbox"/> No | | | |
| If yes, explain. | | N/A | |
| 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 checked="" type="checkbox"/> No | | | |
| If yes, explain. | | N/A | |
| 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> | | George S. Redd  | Date: 11/2/18 |

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.