



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

Date: 06-09-14  
 Last Name: Stevenson First Name: Mable  
 Middle Initial: H.  
 Gender:  Male  Female Race: African American Birthdate: May 3, 1942  
 Email: ssteve9930@bellsouth.net Home Phone: 336 721 0743  
 Daytime Phone: 336 399 8018  Cell Phone:  
 Home Address: 3409 Kem Dr Winston Salem, NC  
 Live in Winston-Salem City Limits?  Yes  No Live in Forsyth County?  Yes  No  
 Are you a graduate of City of Winston-Salem University?  Yes  No Year \_\_\_\_\_

Current Occupation/Title: Retired  
 Employer/Business \_\_\_\_\_ Name:  
 Business Address (with zip code):  
 Supervisor's Name:

Education:  High School  College  Graduate School  Other:  
Atlanta University  
 Degree and Subject of Study: MSW and Social Work  
 School Name/Years Attended: Atlanta University 2 1966-1968

Applying for Board/Commission (enter one): Citizen Bond Oversight Committee  
 Why are you interested in serving on that Board/Commission?

What Board or Commission are you currently serving (if applicable)?  
 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 Expertise/Professional Organizations: Youth & families are of great interest; community needs; the underprivileged

List two professional references below:

1. Name: Billie Matthews Daytime Telephone: 722-7596  
Address: 3641 New Walkertown Rd  
Winston Salem, N.C. 27105

Relationship: colleague & friend

2. Name: Janet Wheeler Daytime Telephone: 336-769-1840  
Address: 4818 Friendship-Ledford Road  
Winston-Salem, NC 27101

Relationship: Colleague & 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: Mable H. Stevenson Date: 06-09-19

**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](mailto: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.

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 Expertise/Professional Organizations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List two professional references below:

1. Name: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_

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