

Citizen Board and Commission Application

First Name & Middle Initial Dwayne Raynard

Last Name Little

Gender Male

Race Black

Birthdate 1/9/1981

Email littledr@fcso.us

Phone 336-341-9515

Additional Phone *Field not completed.*

Address 376 Hollinswood Ave

City Winston Salem

State NC

Zip Code 27103

Do you live in Winston-Salem City limits? Yes

Do you live in Forsyth County? Yes

Are you a graduate of the City of Winston-Salem University? No

(Section Break)

Education College

School Name/Years Attended	Hampton University
Degree & Subject of Study	BS- Sport Management
(Section Break)	
Applying for Board/Commission (Enter One):	Commission on Ending Homelessness
What Board or Commission are you currently serving?	<i>Field not completed.</i>
Why are you interested in serving on that Board/Commission?	I am a life long resident of Winston Salem and have a true heart for this community. I have experienced the best this city has to offer as well as the worst and I want to ensure those who are experiencing homelessness, are given the greatest opportunity to rise out of it. Not with mere gestures but with substantive programs with obtainable goals and proper execution.
Are you willing to serve on any other Board/Commission?	Yes
Please List	Human Relations Commission
Are you interested in serving in any other community volunteer activities?	No
Interests/Skills/Areas of Expertise/Professional Organizations	Skills/ Areas of Excelling Developed the Community Outreach department for the Forsyth County Sheriff's Office Developed programs and initiatives designed to

establish/maintain positive relationships between the FCSO, state & local government, business, and citizens Prepared and distribute literature designed to inform citizens of community activities and assist with prevention.

Present community initiatives to citizens, state and local organizations.

Develop and train on new concepts and developments in community outreach techniques.

Evaluate for effectiveness community outreach programs and modify as needed

Establish priorities and prioritize programs using analytics to determine geographic location and focus area.

Establish forums to listen and gather concerns of organizations and citizens as well as creating actions plans to address concerns.

Successfully planned/coordinated "Circle of Hope" program in response to COVID19 pandemic with local and state government agencies.

Awarded 2020 Dr. Martin Luther King Jr. Young Dreamers Award from the City of Winston Salem

Human Relations Department.

Received Proclamation from the City of Winston Salem's Mayor Allen Joines

Organizations

Gold Shield Foundation of NC- Founding Board Member
Leadership WS 2021- (Current Class)

The Wells Center for Women in Transition- Board Member

Interests

Helping the lower socioeconomic population achieve equity and educating the higher socioeconomic population on how to do it!

(Section Break)

List Two Professional References

First Name	Katherine
Last Name	Perry
Address	<i>Field not completed.</i>
City	<i>Field not completed.</i>
State	<i>Field not completed.</i>
Zip Code	<i>Field not completed.</i>
Phone	3369782030
Relationship	Professional / Friend

(Section Break)

First Name	Susan
Last Name	Appt
Address	<i>Field not completed.</i>
City	<i>Field not completed.</i>
State	<i>Field not completed.</i>
Zip Code	<i>Field not completed.</i>
Phone	3363419515
Relationship	Professional

(Section Break)

Affirmation of Eligibility

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

No

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?

No

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

Dwayne Raynard Little

Date

3/9/2021

Return Completed Form
Mayor's Office
P.O. Box 2511
Winston- Salem, NC 27102
Phone: 336-727-2058
Fax: 336-748-3241
[Email the Mayor's Office](#)

Please include your resume when submitting your application.

Note: Applications will be kept on file for two years from the date of application.
