



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

Date: 10/30/24

Last Name: GRANT First Name: TIMOTHY Middle Initial: A

Gender: MALE Race: BLACK Birthdate: 09/15/58

Email: tagrant@3e.gol.com Home Phone: NA

Daytime Phone: NA Cell Phone: (336) 972-4411

Home Address: 5605 STONE CROSSING DRIVE WS, NC 27104

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 — CITY OF WS RECREATION + PARKS DIRECTOR

Employer/Business Name: _____

Business Address (with zip code): _____

Supervisor's Name: _____

Education: High School College Graduate School Other: _____

Degree and Subject of Study: BS HEALTH + PHYSICAL ED. / MSS SPORT MANAGEMENT

School Name/Years Attended: WSSU 1976-80 UNITED STATES SPORTS ACADEMY 1982-83

Applying for Board/Commission (enter one): PUBLIC ASSEMBLY FACILITIES

Why are you interested in serving on that Board/Commission? TO SERVE THE COMMUNITY

What Board or Commission are you currently serving (if applicable)? NA

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: SEE RESUME

List two professional references below:

1. Name: DERWICK PRIGE Daytime Telephone: (336) 408-7530
Address: 1321 FOXGLOVE DRIVE MURRISVILLE, NC 27560
Relationship: SUPERVISOR
2. Name: Dr. DENNIS FELDER Daytime Telephone: (336) 972-3321
Address: 430 PARK RIDGE LANE APT M WS, NC 27604
Relationship: CO-WORKER

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: TARGET Date: 10/31/24

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.