



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

JUL 26 2017
 AM

				Date: 07-25-2017	
Last Name: Covington		First Name: Tembila		Middle Initial: C	
Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Race: Black		Birthdate: 10-02-1970	
Email: littlevillage.christine@gmail.com			Home Phone: 336-293-4978		
Daytime Phone: 336-703-2859		Cell Phone: 910-224-7023			
Home Address: 2624 Patria Street, Winston-Salem, NC 27127					
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
Current Occupation/Title		Urban Agriculture Program Assistant			
Employer/Business Name		Cooperative Extension			
Business Address (with zip code):		1450 Fairchild Road, Winston-Salem, NC 27105			
Supervisor's Name:		Mark Tucker (recently retired) William Strader (interim director)			
Education: <input checked="" type="checkbox"/> High School <input checked="" type="checkbox"/> College <input type="checkbox"/> Graduate School <input checked="" type="checkbox"/> Other: Matriculating at A&T for MS in Agricultural Education					
Degree and Subject of Study:		Bachelor of Arts - Religion and Philosophy			
School Name/Years Attended:		Shaw University / 2015-2017			
Applying for Board/Commission (enter one):			Urban Food Policy Council		
Why are you interested in serving on that Board/Commission?		To help advocate buying local, support local farmers to build on economic development, and community involvement.			
What Board or Commission are you currently serving?		None			
		Term Expiration Date:			
Are you willing to serve on any other Board/Commission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If yes, please list:					
Are you interested in serving in any other community volunteer activities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If yes, please list:					
Interests/Skills/Areas of Expertise/ Professional Organizations:		Interests: networking, develop productive working partnerships, program development, and training. Skills/Areas of Expertise: Interpersonal skills, communications, record keeping, managing, leading, planning, program developing, training participants, recruiting, and organizing. Professional Organizations: Cooperative Extension, Ministers' Conference of WS & Vicinity, NC FaithHealth, and H.O.P.E.			

List two professional references below:			
1.	Name:	Todd Fulton	Daytime Phone: 336-831-6763
	Address:	317 Jefferson Street, Kernersville, NC 27284	
	Relationship:	Colleague	
2.	Name:	Susan Frye	Daytime Phone: 336-779-6350
	Address:	200 North Main Street, 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.			
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.			
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>		TEMBILA COVINGTON <i>Tembila Covington</i>	Date: 07-25-2017

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.