

Citizen Board and Commission Application

First Name & Middle Initial Marcus D

Last Name Nelson

Gender Male

Race Black

Birthdate 10/6/1990

Email Marcdn12@gmail.com

Phone 3475150121

Additional Phone *Field not completed.*

Address 4115 Johnny Knoll Dr

City Winston salem

State NC

Zip Code *Field not completed.*

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	NC A&T
Degree & Subject of Study	Criminal Justice
Current Employer Name	TD Bank
Job Title	Branch Manager

(Section Break)

Applying for Board/Commission (Enter One):	<i>Field not completed.</i>
What Board or Commission are you currently serving?	<i>Field not completed.</i>
Why are you interested in serving on that Board/Commission?	To help change homelessness and poverty in my city
Are you willing to serve on any other Board/Commission?	No
Are you interested in serving in any other community volunteer activities?	No

Interests/Skills/Areas of Expertise/Professional Organizations *Field not completed.*

(Section Break)

List Two Professional References

First Name Reggie

Last Name Green

Address *Field not completed.*

City *Field not completed.*

State *Field not completed.*

Zip Code *Field not completed.*

Phone +1 (336) 354-9567

Relationship Business Associate

(Section Break)

First Name Alexis

Last Name Johnson

Address *Field not completed.*

City *Field not completed.*

State *Field not completed.*

Zip Code *Field not completed.*

Phone +1 (336) 776-8606

Relationship Business Associate

(Section Break)

Affirmation of Eligibility

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 Marcus Nelson

Date 6/5/2023

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.
