

Citizen Board and Commission Application

First Name & Middle Initial Toni M.

Last Name Tronu

Gender F

Race W

Birthdate 4/18/1989

Email tonitronu@gmail.com

Phone 850-292-4081

Additional Phone na

Address 2890 Loch Drive Winston-Salem

City Winston-Salem

State NC

Zip Code 27106

Do you live in Winston-Salem City limits? Yes

Do you live in Forsyth County? *Field not completed.*

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

(Section Break)

Education	College
School Name/Years Attended	University of North Carolina at Greensboro 4-year degree
Degree & Subject of Study	BFA Photography
Current Employer Name	Visual Index
Job Title	Owner + Curator

(Section Break)

Applying for Board/Commission (Enter One):	Board
What Board or Commission are you currently serving?	<i>Field not completed.</i>
Why are you interested in serving on that Board/Commission?	I want to help Winston-Salem acquire and/or commission additional innovative and inspiring public art. My knowledge as a local gallery owner and advocate for local and national artists could be an asset to the team.
Are you willing to serve on any other Board/Commission?	No
Are you interested in serving in any other community volunteer activities?	<i>Field not completed.</i>

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

(Section Break)

List Two Professional References

First Name Jane

Last Name Doub

Address *Field not completed.*

City Winston-Salem

State NC

Zip Code 27101

Phone 336-403-2583

Relationship Professional colleague

(Section Break)

First Name Jason

Last Name Theil

Address 2890 Loch Drive

City Winston-Salem

State NC

Zip Code 27101

Phone 336-816-3940

Relationship Professional Colleague

(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 Toni Tronu

Date 8/7/2023

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.
