## Citizen Board and Commission Application

First Name & Middle Initial	LaTrisa H				
Last Name	Caesar				
Gender	Female				
Race	Black				
Birthdate	12/8/1975				
Email	lh.caesar@gmail.com				
Phone	336-354-9487				
Additional Phone	Field not completed.				
Address	1100 Rich Avenue				
City	Winston-Salem				
State	NC				
Zip Code	27101				
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	Graduate School					
School Name/Years Attended	University of Phoenix 2005-2008					
Degree & Subject of Study	MBA - Business Administration/Healthcare Mangagement					
Current Employer Name	Wake Forest School of Medicine/Atrium Wake Forest Health					
Job Title	Curriculum Coordinator for Year 4 Medical Students					
	(Section Break)					
Applying for Board/Commission ( Enter One):	the Bicycle Pedestrian Active Mobility Advisory Committee					
What Board or Commission are you currently serving?	n/a					
Why are you interested in serving on that Board/Commission?	I had two cousins who were pedestrian struck. They were 9 & 6 when they died. Daily in my community, I watch children walk to and from school, stores, and to their friends' homes. These children are walking on obstructed sidewalks and are crossing streets that do not provide safe passage. There aren't any clear markings or signage for pedestrian crossing, nor barriers or traffic calming projects in the area to facilitate safe passage. I want to help our community to become a safer place for our residents on foot or for those who are riding a bikeI want to help!					
Are you willing to serve on any other Board/Commission?	Yes					

Please List	Wherever needed or assigned				
Are you interested in serving in any other community volunteer activities?	Yes				
Please List	Wherever needed or assigned				
Interests/Skills/Areas of Expertise/Professional Organizations	Public speaking, grant writing, event planning, organizing				
	(Section Break)				
List Two Professional Re	eferences				
First Name	Julia				
Last Name	Wall				
Address	Medical Center Blvd				
City	Winston-Salem				
State	NC				
Zip Code	27157				
Phone	336-757-9840				
Relationship	Former Supervisor				
	(Section Break)				
First Name	Michelle				

Relationship	my Current AVP of Academic Affairs			
Phone	336-713-7859			
Zip Code	27101			
State	NC			
City	475 Vine St, Second floor, Academic Affairs Winston-Salem			
Address				
Last Name	Reed			

## Affirmation of Eligibility

Is there any possible No 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?

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.

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La'Trisa Howard Caesar

Date

9/12/2023

Return Completed Form Mayor's Office P.O. Box 2511 Winston- Salem, NC 27102

Phone: 336-727-2058 Fax: 336-748-3241 <u>Email the Mayor's Office</u>

Please include your resume when submitting your application.

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