

Citizen Board and Commission Application

First Name & Middle
Initial

Melvin Julius

Last Name

Scales

Gender

Male

Race

African-American

Birthdate

7/8/1954

Email

primusintl@aol.com

Phone

336-978-5208

Additional Phone

Field not completed.

Address

1021 Brookmeade Drive

City

Winston Salem

State

North Carolina

Zip Code

27106

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?

Yes

What year did you graduate?	1976
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(Section Break)

Education	College
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School Name/Years Attended	Wake Forest University
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Degree & Subject of Study	Bachelor of Arts, History
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(Section Break)

Applying for Board/Commission (Enter One):	Citizens' Police Review Board
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What Board or Commission are you currently serving?	<i>Field not completed.</i>
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Why are you interested in serving on that Board/Commission?	To provide citizens an avenue to receive full resolution of issues they have experienced with our police force
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Are you willing to serve on any other Board/Commission?	No
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Are you interested in serving in any other community volunteer activities?	No
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Interests/Skills/Areas of	Human Resources Consulting Chair, Leadership Winston-Salem
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Expertise/Professional Organizations	Chair, Black Philanthropy Initiative, Winston-Salem Foundation Chair, CareNet Psychological Services, Wake Forest Baptist Medical Center
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(Section Break)

List Two Professional References

First Name	Robert
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Last Name	Egleston
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Address	624 W 6th St STE 110
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City	Winston Salem
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State	North Carolina
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Zip Code	27101
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Phone	(336) 723-1002
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Relationship	Executive Director, Leadership Winston-Salem
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(Section Break)

First Name	Scott
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Last Name	Wierman
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Address	751 W 4th St #200
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City	Winston Salem
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State	North Carolina
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Zip Code 27101

Phone (336) 725-2382

Relationship President, The Winston-Salem Foundation

(Section Break)

Affirmation of Eligibility

Has any formal charge of professional misconduct, criminal misdemeanor, or felony ever been filed against you in any jurisdiction? No

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 Melvin J. Scales

Date

6/9/2020

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.
