



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

Last Name: CROCKER First Name: JOSEPH Date: 2/1/2019
 Gender: Male Female Middle Initial: D
 Race: AFRICAN-AMERICAN Birthdate: 9/13/1952
 Email: JOE@KBR.OAG Home Phone: 336-922-4719
 Daytime Phone: 336-397-5503 Cell Phone: 336-972-4369
 Home Address: 3600 CHEERY LAUREL CT., W-S, NC 27106
 Live in Winston-Salem City Limits? Yes No Live in Forsyth County? Yes No
 Are you a graduate of City of Winston-Salem University? Yes No Year _____

Current Occupation/Title: PROGRAM DIRECTOR, LOCAL IMPACT IN FORSYTH COUNTY
 Employer/Business Name: KATE B. REYNOLDS CHARITABLE TRUST
 Business Address (with zip code): 128 REYNOLDA VILLAGE, W-S, 27106
 Supervisor's Name: DR. LAURA GERALD, PRESIDENT

Education: High School College Graduate School Other: _____
 Degree and Subject of Study: BS BA
 School Name/Years Attended: WESTERN CAROLINA UNIV.; 1970-1974

Applying for Board/Commission (enter one): Affordable Housing Commission
 Why are you interested in serving on that Board/Commission? PREVIOUS EXPERIENCE IN SERVING ON AFFORDABLE HOUSING DECS AND FINANCING AFFORDABLE DEVELOPMENTS

What Board or Commission are you currently serving (if applicable)? NONE WITH THE CITY OF W-S Term Expiration Date: _____

Are you willing to serve on any other Board/Commission? Yes No
 If yes, please list: _____

Are you interested in serving in any other community volunteer activities? Yes No
 If yes, please list: _____

Interests/Skills/Areas of Expertise/Professional Organizations: Golf Tennis Various
UNIVERSITY ALUMNI ORGS, IE BOARD OF FAUSTEES, WCCU FOUNDATION, ETC.

List two professional references below:

1. Name: SCOTT WIZEMAN Daytime Telephone: _____
Address: PRESIDENT, WINSTON-SALEM FOUNDATION
Relationship: A FRIEND
2. Name: MR. HAROLD MARTIN Daytime Telephone: _____
Address: CHANCELLOR, N.C. ART STATE UNIVERSITY
Relationship: FRIEND

AFFIRMATION OF ELIGIBILITY

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

If yes, explain complete disposition. _____

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? Yes No

If yes, explain. _____

I understand this application is public record, and I certify that 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 that any misstatement or conduct will be cause for my removal from any board or commission.

Signature of Applicant: Joseph D. Aveni Date: 2/1/2019

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.