



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

Date: _____

Last Name: Johnson _____ First Name: Joycelyn Middle Initial: V.

Gender: [] Male x Female Race: Black _____ Birthdate: _____

Email: jojohns@wakehealth.edu _____ Home Phone: 336 724-2971

Daytime Phone: 336 716-3770 _____ Cell Phone: 336-416-1428 _____

Home Address: 2426 Edison Ct. _____

Live in Winston-Salem City Limits? x Yes [] No Live in Forsyth County? x Yes [] No

Are you a graduate of City of Winston-Salem University? [] Yes [] No Year _____

Current Occupation/Title: Assistant Designated Institutional Official – Office of Graduate Medical Education

Employer/Business Name: Wake Forest Baptist Health _____

Business Address (with zip code): Medical Center Blvd. Winston-Salem, N.C. 27157 _____

Supervisor's Name: Mitch Sokolosky MD

Education: [] High School x College [] Graduate School [] Other: _____

Degree and Subject of Study: BA Sociology with Social Work Concentration _____

School Name/Years Attended: Bennett College 1967-1971 _____

Applying for Board/Commission (enter one): African American Heritage Collection. (Not the exact name.)

Why are you interested in serving on that Board/Commission? I have a tremendous interest in ensuring that the African American history of Winston-Salem is collected and shared.

What Board or Commission are you currently serving (if applicable)? None for the city.

Term Expiration Date: _____

Are you willing to serve on any other Board/Commission? [] Yes x 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: Previously served on the Historic Resources Commission as a County appointee. Served with East Winston Restoration Association for multiple years. Former City Council Member. Initiated the historic marker program.

List two professional references below:

1. Name: _____ Daytime Telephone: _____

Address: _____

Relationship: _____

2. Name: _____ Daytime Telephone: _____

Address: _____

Relationship: _____

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: Joycelyn Johnson (Electronic Signature)

Date: 12 August 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.