

Citizen Board and Commission Application

First Name & Middle Initial	Wesley
Last Name	Longsdorf
Gender	Male
Race	White
Birthdate	6/18/1982
Email	sirwesley@gmail.com
Phone	6784587085
Additional Phone	<i>Field not completed.</i>
Address	190 Southoak Drive
City	Winston Salem
State	NC
Zip Code	27107
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	College

School Name/Years Attended	Mercer University/5
Degree & Subject of Study	Bachelor of Science: Computer Engineering
(Section Break)	
Applying for Board/Commission (Enter One):	Bicycle/Pedestrian/Active Mobility Advisory Committee
What Board or Commission are you currently serving?	none
Why are you interested in serving on that Board/Commission?	Increasing outdoor activity throughout the city of WS. Getting more involved with the City Government. Replying to FB post
Are you willing to serve on any other Board/Commission?	Yes
Please List	Parks & Recreation
Are you interested in serving in any other community volunteer activities?	No
Interests/Skills/Areas of Expertise/Professional Organizations	Outdoor Activity, Biking, Software Development
(Section Break)	
List Two Professional References	
First Name	Greg

Last Name	Carlyle
Address	101 W Fifth Street
City	Winston Salem
State	NC
Zip Code	27101
Phone	336-745-6500
Relationship	Friend/Co-worker
(Section Break)	
First Name	Kipp
Last Name	Hollingsworth
Address	301 S Liberty Street Suite C
City	Winston Salem
State	NC
Zip Code	27101
Phone	336-575-5817
Relationship	Supervisor
(Section Break)	
Affirmation of Eligibility	
Has any formal charge of professional misconduct, criminal misdemeanor, or felony ever been filed	No

against you in any
jurisdiction?

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
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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	Wesley Longsdorf
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Date	3/11/2020
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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.
