

Citizen Board and Commission Application

First Name & Middle Initial Monica

Last Name Thompson

Gender Female

Race Black

Birthdate 5/7/1973

Email monicadthompson@atriumhealth.org

Phone 336-918-4029

Additional Phone *Field not completed.*

Address 440 Stratfield Ct

City Winston-Salem

State NC

Zip Code 27104

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? 2009

(Section Break)

Education College

School Name/Years Attended WSSU/2004-2009

Degree & Subject of Study Business Administration

Current Employer Name Advocate Atrium Health

Job Title Supply Chain Management Diversity Specialist

(Section Break)

Applying for Board/Commission (Enter One): Historic Resources Commission

What Board or Commission are you currently serving? None

Why are you interested in serving on that Board/Commission? I believe this would be a great opportunity to learn more about WS and become impactful to the community. My current role in supply chain management along with my updated duties as a diversity specialist should serve as a base to build additional knowledge.

Are you willing to serve on any other Board/Commission? Yes

Please List

City-County Planning Board, Community Appearance
Commission

Are you interested in
serving in any other
community volunteer
activities?

Yes

Please List

Field not completed.

Interests/Skills/Areas of
Expertise/Professional
Organizations

Any area with community involvement, planning.

(Section Break)

List Two Professional References

First Name

Deidre

Last Name

Scott

Address

4400 Golf Acres Blvd

City

Charlotte

State

NC

Zip Code

28208

Phone

704-807-5102

Relationship

Previous Coworker

(Section Break)

First Name Jerry

Last Name Jude

Address 1000 Blythe Blvd

City Charlotte

State NC

Zip Code 28203

Phone 704-641-5641

Relationship Previous Manager

(Section Break)

Affirmation of Eligibility

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
