## Citizen Board and Commission Application

First Name & Middle Initial	Emily
Last Name	Cornella
Gender	Female
Race	White
Birthdate	9/30/1988
Email	emilyleik@gmail.com
Phone	3365080667
Additional Phone	Field not completed.
Address	755 Oaklawn Avenue
City	WINSTON SALEM
State	NC
Zip Code	27104-2223
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)

Graduate School
UNC Chapel Hill, 2010-2012
Master of Public Administration, Local Government Management Concentration
Brainchild
Director of Search Strategy
(Section Break)
Citizens' Budget Advisory Council
N/A
I have a background working in local government, specifically the budget departments of Albemarle County (VA), and Durham City and County. I believe that this background and understanding of the budget process and needs of the various city departments give me a uniquely informed perspective that will benefit the council.
No
No

## activities?

activities?		
Interests/Skills/Areas of Expertise/Professional Organizations	Field not completed.	
	(Section Break)	
List Two Professional R	eferences	
First Name	Lori	
Last Name	Allshouse	
Address	PO Box 1505	
City	Charlottesville	
State	VA	
Zip Code	22902	
Phone	(434) 953-8688	
Relationship	Former Boss, Albemarle County Virginia	
	(Section Break)	
First Name	Lee	
Last Name	Worsley	
Address	4307 Emperor Boulevard, Suite 110	
City	Durham	

State	NC
Zip Code	27703
Phone	919-558-9395
Relationship	Former Boss, ICMA Fellowship Program, City and County of Durham
	(Section Break)
Affirmation of Eligibility	
Is there any possible	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?

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	Emily Cornella
Date	7/2/2024

## 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.