

Citizen Board and Commission Application

First Name & Middle Initial	Sarah
Last Name	Raynor
Gender	Female
Race	white
Birthdate	3/24/1977
Email	RAYNORSG@GMAIL.COM
Phone	3366922098
Additional Phone	<i>Field not completed.</i>
Address	160 Crowne Chase Drive, Apt. 5
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?	No
(Section Break)	
Education	Graduate School
School Name/Years Attended	Massachusetts Institute of Technology, 1998-2003
Degree & Subject of Study	Mathematics, PhD
(Section Break)	

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

What Board or Commission are you currently serving? none

Why are you interested in serving on that Board/Commission? As a queer woman who is partially disabled, I am interested in getting involved in supporting these constituencies within city functions.

Are you willing to serve on any other Board/Commission? No

Are you interested in serving in any other community volunteer activities? No

Interests/Skills/Areas of Expertise/Professional Organizations Chair, Department of Mathematics and Statistics, Wake Forest University
Expertise: written and oral communication, dedicated to diversity, equity, and inclusion work in my professional capacity

(Section Break)

List Two Professional References

First Name Mir

Last Name Yarfitz

Address 613 N. Broad Street

City Winston Salem

State NC

Zip Code 27101

Phone 3233828153

Relationship professional colleague

(Section Break)

First Name	T.H.M.
Last Name	Gellar-Goad
Address	610 Ransom Road
City	Winston Salem
State	NC
Zip Code	27106
Phone	9198181653
Relationship	professional colleague

(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
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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	Sarah Groff Raynor
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Date	10/25/2021
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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.
