



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

Date: 2/11/19

Last Name: RODRIGUEZ First Name: DAISY Middle Initial: _____

Gender: Male Female Race: HISPANIC Birthdate: 04/03/56

Email: margaritar3@aol.com Home Phone: (336) 403-5695

Daytime Phone: (336) 784-5770 Cell Phone: (336) 403-5695

Home Address: 978 Benjamins Way, Winston-Salem, NC 27103

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

Are you a graduate of City of Winston-Salem University? Yes No Year 2014

Current Occupation/Title: Director of Student Aid

Employer/Business Name: Winston-Salem Foundation

Business Address (with zip code): 751 West 4th Street Suite 200 - 27101

Supervisor's Name: BRITTNEY GASPARI

Education: High School College Graduate School Other: _____

Degree and Subject of Study: BA in Early Childhood Education

School Name/Years Attended: Queens College, 4 years

Applying for Board/Commission (enter one): Bond Oversight Committee

Why are you interested in serving on that Board/Commission? Would like to be part of the this committee to be able to work with other citizens to oversee the equitable distribution of bond money that will benefit all citizens of Winston-Salem.

What Board or Commission are you currently serving (if applicable)? NA

Term Expiration Date: _____

Are you willing to serve on any other Board/Commission? Yes 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: Bilingual (English/Spanish); Certified Yoga Teacher; Experience in conducting diversity training; Board and Committee affiliations-Family Services, HandsOn NWNC, Forsyth Humane Society, Hispanic League Scholarship Committee, and The Winston-Salem Foundation Scholarship Committee.

List two professional references below:

1. Name: Nikki McCormick Daytime Telephone: (336) 784-5770
Address: 3655 Reed Street, Winston-Salem, NC 27107
Relationship: Colleague

2. Name: Gayle Anderson Daytime Telephone: (336) 408-1918
Address: 2008 Faculty Drive, Winston-Salem, NC 27106
Relationship: Friend

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:  Date: 2/11/19

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.