

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

Last Name: Harn's First Name: Davi'c	Date: 10/27/2020	
· · · · · · · · · · · · · · · · · · ·		
Gender: X Male Female Race: African American	Birthdate: 3/22/8/	
Email: pasterh & disciples of christ. com		
	(3>4)-448-389	
Home Address: 1753 Huntington Woods Ct.		
Live in Winston-Salem City Limits? X Yes No	Live in Forsyth County? X Yes	
No		
Are you a graduate of City of Winston-Salem University? X Yes	No Year 2017	
Current Occupation/Title: Senior Pastor	·	
Employer/Business Name: First Christian Church, Winston Salem		
Business Address (with zip code): 2320 Country Club rd. 27104		
Supervisor's Name:		
Education: High School College X Graduate School Other:		
Degree and Subject of Study: Masters of Divinity		
School Name/Years Attended: Wake Forest University		
Applying for Board/Commission (enter one): Urban Food Policy Coonci)		
Why are you interested in serving on that Board/Commission? <u>I av</u>	m also the Executive	
Director of New Communion, a mobile pantry, that has served		
Communités in the 27105 zip code since 2016. Food insecurity is my passion.		
What Board or Commission are you currently serving (if applicable)?		
То	erm Expiration Date:	
Are you willing to serve on any other Board/Commission? Yes X 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:
List two professional references below:
1. Name: Paul Gillespie Daytime Telephone: 336, 9088859  Address: 412 Spring Lake Farm Cracle WS, 2710,  Relationship: New Communion Board President
Address: 412 Spring Lake Farm Circle WS, 2710,
Relationship: New Communing Board President
2. Name: Lose Clodfelter Daytime Telephone: 336-705-0919
2. Name: Lose Clodfelter Daytime Telephone: 334-705-0919  Address: 939 #2 Hunkl lane, Laxungton Nc 27295
Relationship: Administrator
AFFIRMATION OF ELIGIBILITY
Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you
in any jurisdiction? Yes X 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 X 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: 1/400 Date: 10/27/2020

## 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

 $\it Note: Applications will be kept on file for {\it two} {\it years} from the date of application.$ 

*Updated 01/09/18* Page 3 of 3