

Citizens Board & Commission Application

First Name Cynthia

Last Name Collins

Gender Female

Race Black

Birthdate 9/1/1957

Phone 3362874828

Email Address ruckercynthia45@yahoo.com

Additional Phone *Field not completed.*

Address 1342 Argonne Blvd

City Winston Salem

State North Carolina

ZIP Code 27107

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
(CWSU)?

Yes

(Section Break)

Education

College

School Name / Years
Attended

Salem College and Regent University

Degree & Subject of
Study

Religion

Current Employer Name

Winston-Salem Forsyth County Schools

Job Title

Substitute Teacher

(Section Break)

Applying for

Citizen's Review Board

What Board or
Commission are you
currently serving?

WSPD Community Engagement Committee

Please include
expiration date

9/29/2025

Why are you interested
in serving?

I would like to be an advocate for the community.

Field not completed.

Are you interested in
serving in any other
community volunteer
activities

Yes

(Section Break)

List Two Professional References

First Name

Robert

Last Name

Leak

Address

N/A

City

Winston-Salem

State

NC

ZIP Code

27127

Phone

336-552-4538

Relationship

godson

(Section Break)

First Name

Meneva

Last Name

Alston

Address NA

City Winston-Salem

State NC

ZIP Code NA

Phone 336-653-1086

Relationship Pastor / friend

(Section Break)

Affirmation of Eligibility

Is there any possible
conflict of interest of
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, including employment records, 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

Cynthia Collins

Date

7/29/2025

Please include your
résumé when
submitting your
application

Cynthia Collins Resume.docx

Note: Applications will be kept on file for two years from the date of application
