

City of Winston-Salem
Office of the Mayor - Allen Joines
Citizen Application for Advisory
Boards and Commissions

Name: Gary R. Gunderson Race: Euro/AM

Gender: male female Birthdate: 04/20/1951 E-mail ggunders@wakehealth.edu

Home Phone: 336-403-6861 Daytime Phone: 336-716-5498 Fax: 336-716-2067

Home Address: 502 Tanners Park Court, W-S 27101

Do you live within the City Limits of Winston-Salem? (YES)

Do you live within the County of Forsyth? (circle one) Yes No

Current Occupation/Title: Vice President for Faith and Health Ministries

Employer/Business Name: Wake Forest Baptist Medical Center

Business Address and Zip: Medical Center Boulevard, Winston Salem, NC 27157

Supervisor Name: Dr. John McConnell Telephone: 336-716-3408

Education: High School [] College [] Graduate School [] Other []

Degree/Subject of Study: Divinity, Public Health

School Name/Years Attended: Wake Forest University 69-73, Emory University 78-81, InterDenominational Theological Center (Atlanta) 1998-2002

BOARD/COMMISSION APPLYING FOR (list one):

Homeless Task Force

List the Board or Commission you currently serve and your term expiration date.

NONE

Why are you interested in serving on the Board/Commission you are applying for?

Critical role homelessness plays in health of the community.

Are you willing to serve on any other Board/Commission? Please list:

Possibly

Are you interested in serving in any other community volunteer activities?
Yes.

PLEASE SUBMIT ANY RESUME CONTINUED ON NEXT PAGE >
Interest/Skills/Areas of Expertise/Professional Organizations

List two personal references below.

Name: **SHARON ENGBRETSON** Daytime Telephone: 336-716-6372

Address: Medical Center Boulevard, Winston-Salem, NC 27157 | Relationship: **Colleague**

Name: STEVE SCOGGIN Daytime Telephone: **336-716-7578**

Address: Medical Center Boulevard, Winston-Salem, NC 27157 | Relationship: **Colleague**


AFFIRMATION OF ELIGIBILITY

Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction?

Yes No **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 **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 because for my removal from any board or commission.

Signature of Applicant:  Date: 11.18.13

RETURN COMPLETED FORM TO:
Mayor's Office, P.O. Box 2511, Winston-Salem, NC 27102 Telephone: 336-727-2058 Fax: 336-748-3241