



CITY OF WINSTON-SALEM
OFFICE OF THE MAYOR - ALLEN JOINES

CITIZEN APPLICATION FOR ADVISORY
BOARDS AND COMMISSIONS

Date: 2/25/2019.
Last Name: FORD First Name: PAUL Middle Initial: B.
Gender: Male Female Race: BLACK Birthdate: 12/28/1979
Email: rcvford@fbcwinston.org Home Phone: _____
Daytime Phone: 336-722-5605 Cell Phone: 773-301-8450
Home Address: 1745 MAID MARION LANE APT. 202 W-S 27106.
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 _____

Current Occupation/Title: SENIOR PASTOR
Employer/Business Name: FIRST BAPTIST CHURCH - HIGHLAND AVENUE
Business Address (with zip code): 700 N HIGHLAND AVENUE W-S 27101
Supervisor's Name: CHARLIE WALL (Chair, Deacon Board)

Education: High School College Graduate School Other: _____
Degree and Subject of Study: see resume
School Name/Years Attended: see resume

Applying for Board/Commission (enter one): BOND OVERSIGHT COMMITTEE
Why are you interested in serving on that Board/Commission? Per request of the Mayor and to ensure that the communities that it was intended to benefit are given the full consideration that is due to them.
What Board or Commission are you currently serving (if applicable)? N/A

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: _____

List two professional references below:

1. Name: Dr. John Mendez Daytime Telephone: 336-926-8795
Address: _____
Relationship: Colleague/Friend
2. Name: Rev. Tembila Covington Daytime Telephone: 336-703-2859
Address: _____
Relationship: Colleague/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: 2/25/19.

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.