

Citizen Board and Commission Application

First Name & Middle Initial	Twana W.
Last Name	Roebuck
Gender	Female
Race	African American
Birthdate	<i>Field not completed.</i>
Email	twana.roebuck@eistr.org
Phone	336-971-4833
Additional Phone	336-714-9237
Address	570 Oxford Street
City	Winston Salem
State	NC
Zip Code	27103
Do you live in Winston-Salem City limits?	Yes
Do you live in Forsyth County?	No
Are you a graduate of the City of Winston-Salem University?	No
(Section Break)	
Education	High School, College, Other
Please List	Winston Salem State Uni.
School Name/Years Attended	Duke University Not for Profit

Degree & Subject of Study	BS Elementary Education
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(Section Break)

Applying for Board/Commission (Enter One):	Human Relations Commission
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What Board or Commission are you currently serving?	<i>Field not completed.</i>
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Why are you interested in serving on that Board/Commission?	Interested in critical employment and housing needs for the working poor.l
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Are you willing to serve on any other Board/Commission?	Yes
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Please List	Planning Board
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Are you interested in serving in any other community volunteer activities?	Yes
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Please List	Fair Ground
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Interests/Skills/Areas of Expertise/Professional Organizations	Human Care Services, Cooperative Extention Agency
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(Section Break)

List Two Professional References

First Name	Rebecca
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Last Name	Bender
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Address	439 Horace Mann Ave.
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City	Winston Salem
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State	NC
Zip Code	27104
Phone	336-978-4134
Relationship	Chairman of Board for Experiment In Self Reliance

(Section Break)

First Name	Marsha
Last Name	Johnson
Address	174 Motor Road
City	Winston Salem
State	NC
Zip Code	27105
Phone	336-995-1650
Relationship	Vice Chair of Experiment In Self Reliance

(Section Break)

Affirmation of Eligibility

Has any formal charge of professional misconduct, criminal misdemeanor, or felony ever been filed against you in any jurisdiction?	No
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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?	No
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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 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 *Field not completed.*

Date *Field not completed.*

Return Completed Form
Mayor's Office
P.O. Box 2511
Winston- Salem, NC 27102
Phone: 336-727-2058
Fax: 336-748-3241
[Email the Mayor's Office](#)

Please include your resume when submitting your application.

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