

Citizen Board and Commission Application

First Name & Middle Initial Travis

Last Name Evans

Gender Male

Race Black

Birthdate 3/19/1973

Email travis@sicilnc.org

Phone 336-971-2656

Additional Phone *Field not completed.*

Address 5750 Hickory Knoll Drive, Apartment 1

City Winston-Salem

State North Carolina

Zip Code 27106

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? No

(Section Break)

Education	College
School Name/Years Attended	Atlanta Metropolitan College
Degree & Subject of Study	Mathematics

(Section Break)

Applying for Board/Commission (Enter One):	Bicycle/Pedestrian/Active Mobility Advisory Committee
What Board or Commission are you currently serving?	N/A
Why are you interested in serving on that Board/Commission?	I want to make a difference in Winston.
Are you willing to serve on any other Board/Commission?	No
Are you interested in serving in any other community volunteer activities?	No
Interests/Skills/Areas of Expertise/Professional Organizations	Computers, Planning and Organizing

(Section Break)

List Two Professional References

First Name Adrian

Last Name Boone

Address 7744 North Point Blvd

City Winston-Salem

State North Carolina

Zip Code 27106

Phone 743-333-4204

Relationship Co-Worker

(Section Break)

First Name Mark

Last Name Steele

Address 7744 North Point Blvd

City Winston-Salem

State North Carolina

Zip Code 27106

Phone 743-333-4204

Relationship

Co-Worker

(Section Break)

Affirmation of Eligibility

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

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

Travis Evans

Date

2/14/2023

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.
