



CITY OF WINSTON-SALEM
MAYOR PRO TEMPORE

CITIZEN APPLICATION FOR
COMMUNITY APPEARANCE

Name: JOHN COYNE Race: WHITE

Gender: male female Birth date: 4-28-1964 E-mail: johncoyne214@icloud.com

Home Phone: 703-926-3313 Daytime Phone: 703-926-3313 Fax: _____

Home Address: 214 N HAWTHORNE RD

Do you live within the City Limits of Winston-Salem? (check one): Yes No

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

Current Occupation/Title: PROFESSOR/DIRECTOR OF SCENIC DESIGN

Employer/Business Name: UNCSA

Business Address and Zip: 1533 S MAIN ST 27127

Supervisor Name: MICHAEL KELLEY-DEAN Telephone: 336-770-1307

Education: High School College Graduate School Other

Degree/Subject of Study: MFA/SCENIC DESIGN; BARCH/ARCHITECTURE

School Name/Years Attended: YALE/94-97; CORNELL/85-88; NOTRE DAME 82-85

BOARD/COMMISSION APPLYING FOR (list one): COMMUNITY APPEARANCE

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? I BELIEVE WE HAVE A BEAUTIFUL & VIBRANT CITY THAT SHOULD CONTINUE TO GROW IN A THOUGHTFUL WAY THAT ENHANCES OUR HISTORY & LEGACY

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

Are you interested in serving in any other community volunteer activities? YES, PARTICULARLY ONES RELATED TO ART, ARCHITECTURE, HISTORY & DOWNTOWN

Interest/Skills/Areas of Expertise/Professional Organizations

LICENSED ARCHITECT, PRODUCTION DESIGNER, MEMBER OF UNITED SCENIC ARTISTS

List two personal references below.

Name: MARK LIVELY Daytime Telephone: 336-577-7501

Address: 1417 BROOKSTOWN AVE 27104 Relationship: NEIGHBOR

Name: ANDY PARIS Daytime Telephone: 917-375-4022

Address: 205 GLOPIA AVE 27127 Relationship: CO-WORKER, CREATIVE COLLABORATOR

AFFIRMATION OF ELIGIBILITY

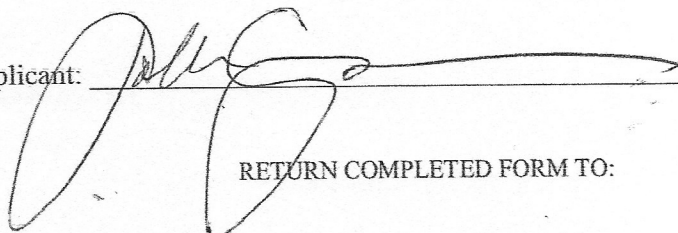
Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction?

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: 3-27-19

RETURN COMPLETED FORM TO: