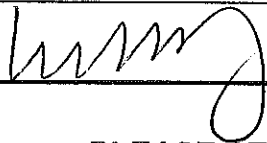




CITY OF WINSTON-SALEM
OFFICE OF THE MAYOR - ALLEN JOINES

**CITIZEN APPLICATION FOR ADVISORY
BOARDS AND COMMISSIONS**

		Date: 02/22/2019		
Last Name:	STROUT	First Name:	LISA	
		Middle Initial:	M	
Gender:	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Race:	W	
		Birthdate:	03/11/59	
Email:	lisastroutstudios@gmail.com		Home Phone:	—
Daytime Phone:	—	Cell Phone:	336.997.2774	
Home Address:	1203 W 4th ST			
Live in Winston-Salem City Limits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Live in Forsyth County?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a graduate of the City of Winston-Salem University?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Year		
Current Occupation/Title				
Employer/Business Name				
Business Address (with zip code):				
Supervisor's Name:				
Education:	<input type="checkbox"/> High School <input checked="" type="checkbox"/> College <input type="checkbox"/> Graduate School <input type="checkbox"/> Other:			
Degree and Subject of Study:	B.A. HISTORY A.A. CULINARY ARTS			
School Name/Years Attended:	SALEM STATE UNIV 1978-83			
Applying for Board/Commission (enter one):	TOURISM			
Why are you interested in serving on that Board/Commission?	I want to give to the community in a way that is productive and meaningful.			
What Board or Commission are you currently serving?				
	Term Expiration Date:			
Are you willing to serve on any other Board/Commission?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list:	PUBLIC ARTS			
Are you interested in serving in any other community volunteer activities?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list:				
Interests/Skills/Areas of Expertise/ Professional Organizations:	ART, PUBLIC ART, EVENT PLANNING, TEAM LEADERSHIP.			

List two professional references below:			
1.	Name:	BETH ERICKSON, ^{PRES.} VISIT LOUDON	Daytime Phone: 703.771.4969
	Address:	112 SOUTH ST SE LEESBURG VA	
	Relationship:	WORKED TOGETHER ON LOUDOWN COUNTY ARTISAN TRAIL FORMATION	
2.	Name:	JIM SISLEY	Daytime Phone: 571.215.5561
	Address:	312 E MARKET ST LEESBURG VA	
	Relationship:	WORKED AS THE GALLERY MANAGER FOR HIM.	
AFFIRMATION OF ELIGIBILITY			
Has any formal charge of professional misconduct, criminal misdemeanor, or felony ever been filed against you in any jurisdiction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, explain.			
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, explain.			
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 of Applicant: <i>(Please print and sign.)</i>			Date: 02/22/2019

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.