

Citizen Board and Commission Application

First Name & Middle Initial Allen

Last Name Smart

Gender Male

Race *Field not completed.*

Birthdate 12/13/1961

Email allensmart470@gmail.com

Phone 3369715201

Additional Phone *Field not completed.*

Address 470 Archer Rd

City Winston Salem

State NC

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 | Graduate School |
| School Name/Years Attended | University of Michigan/University of Illinois at Chicago |
| Degree & Subject of Study | MA Communications. MPH- Public Health |

(Section Break)

| | |
|--|--|
| Applying for Board/Commission (Enter One): | Commission |
| What Board or Commission are you currently serving? | N/A |
| Why are you interested in serving on that Board/Commission? | Longtime non-profit volunteer and Board member of Piedmont Environmental Association |
| Are you willing to serve on any other Board/Commission? | No |
| Are you interested in serving in any other community volunteer activities? | <i>Field not completed.</i> |
| Interests/Skills/Areas of Expertise/Professional Organizations | <i>Field not completed.</i> |

(Section Break)

List Two Professional References

First Name Britt

Last Name Davis

Address Campbell University

City Buies Creek

State NC

Zip Code *Field not completed.*

Phone Cell: 910-814-7784

Relationship Former supervisor

(Section Break)

First Name Julia

Last Name Wacker

Address North Carolina Hospital Association Foundation

City Cary

State NC

Zip Code *Field not completed.*

Phone 919.677.4171

Relationship Worked for her as contractor

(Section Break)

Affirmation of Eligibility

Is there any possible No
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?

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 Allen Smart

Date 4/29/2022

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.
