

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

## CITIZEN APPLICATION FOR ADVISORY BOARDS AND COMMISSIONS

			Date:	11/11/22	
Last Name: McRae		First Name: Calvin	Middle I	Middle Initial: E	
Gender: × Male	☐ Female	Race: Black	Birtl	ndate: 02/19/1985	
Email: mcrae.calvi Cell Phone: 704-96 Home Address: 71	58-8978	nston Salem, NC 27101			
Live in Winston-Sa	alem City Limits?	× Yes □ No	Live in Forsyth County	? × Yes □ No	
Are you a graduate	of City of Winsto	on-Salem University?   Yes	× No Year		
Current Occupation Employer/Business Business Address ( Supervisor's Name	s Name: Greater V	Winston Salem, Inc.			
Education: ☐ High Degree and Subject School Name/Year	t of Study: Please		Other:		
Why are you intere What Board or Cor Term Expiration D Are you willing to If yes, please	ested in serving on mmission are you ate: serve on any other	ter one): Utilities Commission that Board/Commission? Plea currently serving (if applicable) r Board/Commission?   Yes other community volunteer activ	)? Please see attached.  × No		
If ves, please	e list:				

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List two professional references below:	
1. Name: Aaron King	Daytime Telephone: (336)-747-7068
Address: 101 N Main St, Winston Salem, NC 27101	
Relationship: Colleague	
2. Name: Brent Waddell	Daytime Telephone: 336-816-0476
Address: 200 Second St, Winston-Salem, NC 27101	
Relationship: Colleague	
AFFIRMATION OF ELIGIBILITY	
Has any formal charge of professional misconduct, criminal in any jurisdiction? $\square$ Yes $\times$ No	misdemeanor or felony ever been filed against you
If yes, explain complete disposition.	
Is there any possible conflict of interest or other matter that wand impartially discharging your duties as an appointee to a H	
If yes, explain	
I understand this application is public record, and I certify that correct to the best of my knowledge. I authorize and consent verification of all statements contained herein. I further authorize to be investigated and release all parties from all liability for investigation. I understand and agree that any misstatement of board or commission.	to background checks and to the investigation and orize all information concerning my qualifications any damages that may result from this
Signature of Applicant: /s/ CM	Date: 11/14/22

Interests/Skills/Areas of Expertise/Professional Organizations: Please see attached.

## 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.

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