

## Citizen Board and Commission Application

First Name & Middle Initial	Amy M.
Last Name	Flyte
Gender	Female
Race	White
Birthdate	12/26/85
Email	<a href="mailto:Amylflyte@gmail.com">Amylflyte@gmail.com</a>
Phone	3363998888
Additional Phone	<i>Field not completed.</i>
Address	1020 Madison Ave
City	Winston Salem
State	NC
Zip Code	27103
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 Salem college 04-08. Appalachian State University 2019-present

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Degree & Subject of Study BA English & Public Administration MPA ongoing

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(Section Break)

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Applying for Board/Commission (Enter One): Zoning Board of Adjustment

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What Board or Commission are you currently serving? *Field not completed.*

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Why are you interested in serving on that Board/Commission? I am currently obtaining my master in public administration & wish to serve my city.

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Are you willing to serve on any other Board/Commission? Yes

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Please List Planning board

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Are you interested in serving in any other community volunteer activities? No

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Interests/Skills/Areas of Expertise/Professional Organizations Certified zoning official. Preservation North Carolina.

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(Section Break)

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List Two Professional References

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First Name Andrew

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Last Name	Meadwell
Address	298 e depot st
City	Mocksville
State	NC
Zip Code	27028
Phone	336-763-6055
Relationship	Supervisor

(Section Break)

First Name	John
Last Name	Gallimore
Address	123 s main st
City	Mocksville
State	NC
Zip Code	27028
Phone	336-753-6055
Relationship	Coworker.

(Section Break)

Affirmation of Eligibility

Has any formal charge of professional misconduct, criminal misdemeanor, or felony ever been filed	No
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against you in any jurisdiction?

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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

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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.

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Signature Amy Flyte

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Date 7/8/2020

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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.*

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Note: Applications will be kept on file for two years from the date of application.

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