



CITY OF WINSTON-SALEM
 OFFICE OF THE MAYOR - ALLEN JOINES
 CITIZEN APPLICATION FOR ADVISORY
 BOARDS AND COMMISSIONS

Date: 11-11-22
 Last Name: SLOAN First Name: Brenda Middle Initial: D.
 Gender: Male Female Race: African American Birthdate: 08/30/43
 Email: bds60@earthlink.net Home Phone: 336/724-3222
 Daytime Phone: _____ Cell Phone: 336/655-0848
 Home Address: 909 20th St NW Winston-Salem, NC 27105
 Live in Winston-Salem City Limits? Yes No Live in Forsyth County? Yes No
 Are you a graduate of City of Winston-Salem University? Yes No Year _____

Current Occupation/Title: Retired
 Employer/Business Name: _____
 Business Address (with zip code): _____
 Supervisor's Name: _____

Education: High School College Graduate School Other: _____
 Degree and Subject of Study: Business & Library Science
 School Name/Years Attended: Paisley, 1958; Atkins High, 59-61; NCCU, 1964-1965; Atlanta Univ., 1970-71

Applying for Board/Commission (enter one): Community Agency Allocation Comm.
 Why are you interested in serving on that Board/Commission? Serving on this comm. gives me an opportunity to select worthy organizations to receive funds to continue their mission of building economic security and cultural enhancement.
 What Board or Commission are you currently serving (if applicable)? NONE

Term Expiration Date: _____

Are you willing to serve on any other Board/Commission? Yes No
 If yes, please list: _____

Are you interested in serving in any other community volunteer activities? Yes No
 If yes, please list: _____

Interests/Skills/Areas of Expertise/Professional Organizations: see attachment B

List two professional references below:

1. Name: Peggy Moore Daytime Telephone: 336/761-0668
Address: 3705 El Santos Court - Winston-Salem, NC 27105
Relationship: friend and former colleague, WSSU Library
2. Name: Xavier Richardson Daytime Telephone: 540/760-6525
Address: 8121 Lee Jackson Circle - Spotsylvania, VA 22553
Relationship: friend and community activist partner

AFFIRMATION OF ELIGIBILITY

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: Brenda D. Sloan Date: 11-11-22

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.