

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

CITIZEN APPLICATION FOR ADVISORY BOARDS AND COMMISSIONS

				Date:	12/20/20)24
Last Name: Myers	_ First Name:	David_		Middle I	nitial:	<u>M</u>
Gender: Male Race:	White		Birthdate: _	04/06	/1993	
Email: <u>DMYERS@HCG.com</u>			Home Phone	:		
Daytime Phone: <u>336.529.1400</u>		Cell Phone	336,52	9.1400		
Home Address: 2311 Elizabeth Ave V	Winston-Salen	<u>1, NC</u>				
Live in Winston-Salem City Limits? ✓ Yes	□ No		Live in Forsy	th County	/? ☑ Yes	s □ No
Are you a graduate of City of Winston-Salem	University?	□ Yes □	☑ No Year			
Current Occupation/Title: Consulting Di						
Employer/Business Name: Huron Co	nsulting Group	<u> </u>				
Business Address (with zip code):550 W. Va	n Buren St. Cl	nicago IL,	60607			
Supervisor's Name: <u>Carl Henderson</u>						
Education: ☐ High School ☑ College ☐ Degree and Subject of Study: BA Relig School Name/Years Attended: Wake For	gious Studies a	ınd Chemi	stry			
Applying for Board/Commission (enter one):	Affordable	e Housing	Coalition			
Why are you interested in serving on that Boa	rd/Commissic	n?				
Driven by a deep commitment to my communi	ity and a belief	that every	one deserves a	ccess to s	afe and af	<u>fordable</u>
housing, I seek to leverage my expertise is	n [mention yo	our key sk	tills: e.g., pro	cess impr	ovement,	<u>solution</u>
architecture, financial modeling, and projec	t management	t] to contr	ibute to the W	inston-Sa	lem City	Housing
Advisory Board. I am passionate about coll	aborating wit	h fellow b	oard members	to develo	op and in	plement
innovative strategies that expand affordable l	housing oppor	tunities, er	igage commun	ity stakeh	olders, an	<u>d secure</u>
sustainable resources. My goal is to help creat	te a more equit	able and in	iclusive Winsto	on-Salem v	where all r	<u>residents</u>
have the opportunity to thrive.						

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	
f yes, please list:		
Housing Authority		
Business Improvement District Advisory Committee	ee	
Community Appearance Commission (City-County)	y)	
Are you interested in serving in any other community vol	unteer activities? Yes No	
If yes, please list: <u>I am open to the opportunity</u>		
Interests/Skills/Areas of Expertise/Professional Organization	tions:	
My skills include:		
Financial modeling	• Requirements Gathering	
 Technology implementation (CRM and ERP 	• Strategic Planning	
Systems specifically)	• Risk Management	
• Business Process Improvement	 Project Scoping and Planning 	
Data Analysis	• Team Leadership	
System Integration	Budget Management	
Change Management	• Performance Tracking	
I previously served on the Board of Directors for ESR fro	om 2015-2018	
I served as a Hearing Board Member for Wake Forest U	niversity from 2016-2018	
List two professional references below:		
1. Name: <u>Carl Henderson</u>	Daytime Telephone: _(904) 631-3257	
Address: (Email provided as they live out of	'state): chenderson@hcg.com	
Relationship: Supervisor		
2. Name: Sanjee Choudhuri	Daytime Telephone: <u>(616)</u> 284-9279	
Address: (Email provided as they live out of	of state): schoudhuri@hcg.com	
Relationship:Colleague		
Please note I am happy to provide in-state referen	ces but they will not be professional references.	

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in any jurisdiction? ☐ Yes ☑No

If yes, explain complete disposition.
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 are 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: Date: 12/20/24

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 <u>two</u> years from the date of application.

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