



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

CITIZEN APPLICATION FOR ADVISORY  
BOARDS AND COMMISSIONS

Date: 6/1/19

Last Name: SCALES, First Name: DONALD Middle Initial: L.

Gender:  Male  Female Race: AA Birthdate: 02/08/49

Email: doscales93@gmail.com Home Phone: (336) 723-6375

Daytime Phone: (336) 723-6375 Cell Phone: (336) 926-3795

Home Address: 700 RANKIN ST.

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: WSSU + VENTAGE Bible college

School Name/Years Attended: WSSU + VENTAGE Bible College

Applying for Board/Commission (enter one): AFRICAN AMERICAN HERITAGE ACTION INITIATIVE Comm.

Why are you interested in serving on that Board/Commission? FOR THE GOOD OF THE COMMUNITY'S HISTORY RESTORATION.

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: N/A

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

If yes, please list: N/A

Interests/Skills/Areas of Expertise/Professional Organizations: W-S SPORTSMAN CLUB,  
PHALANX FURT., AND JAMES H. YOUNG LODGE # 670.

List two professional references below:

1. Name: Elvira Rebecca Caldwell Daytime Telephone: 336-473-1774  
Address: 3651 Sawyer Drive, Winston-Salem, NC  
Relationship: Niece 27105
2. Name: Shelby N. Harper Daytime Telephone: 336-300-9431  
Address: 2010 Unit B Swain  
Relationship: \_\_\_\_\_

### AFFIRMATION OF ELIGIBILITY

Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you 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 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: Donald J. Seales Date: 6/1/19

### 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](mailto: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.*