

FEB 10 2017

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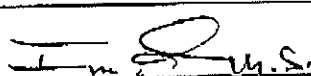


Winston-Salem

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

CITIZEN APPLICATION FOR ADVISORY
BOARDS AND COMMISSIONS

		Date:	February 10, 2017		
Last Name:	Taylor	First Name:	Fred	Middle Initial:	J
Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race:	AA	Birthdate:	09-25-1963
Email:	f10taylor@yahoo.com		Home Phone:	(336) 575-3448	
Daytime Phone:	(336) 784-2700. ext 206	Cell Phone:	336) 575-3448		
Home Address:	3157 Asheton Grove Court, W-SA, NC, 27127				
Live in Winston-Salem City Limits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Live in Forsyth County?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a graduate of the City of Winston-Salem University?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Year	2009		
Current Occupation/Title	Rehabilitation Counselor				
Employer/Business Name	NC Division Of Vocational Rehabilitation				
Business Address (with zip code):	2201 Brewer Rd., W-S, NC, 27127				
Supervisor's Name:	Tony Jolly				
Education:	<input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Graduate School <input type="checkbox"/> Other:				
Degree and Subject of Study:	Master's of Rehabilitation Counseling				
School Name/Years Attended:	Winston Salem State University, 07 to 09				
Applying for Board/Commission (enter one):	Human Relations				
Why are you interested in serving on that Board/Commission?	<i>Participating in the service of my community and discussing issues that affect the community while seeking solution that's best for all citizens in Winston Salem.</i>				
What Board or Commission are you currently serving?	none				
	Term Expiration Date:				
Are you willing to serve on any other Board/Commission?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please list:	Commission on ending homelessness				
Are you interested in serving in any other community volunteer activities?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please list:	Health & human Services, homeless & housing				
Interests/Skills/Areas of employment counseling, Intellectual disabilities, and mental health Expertise/ Professional issues.					
Organizations:					

List two professional references below:			
1.	Name:	Toni King	Daytime Phone: (336) 784-2700
	Address:	2201 Brewer Rd., W-S, NC, 27127	
	Relationship:	Unit Manager	
2.	Name:	Tony Jolly	Daytime Phone: (336) 784-2700
	Address:	2201 Brewer Rd., W-S, NC, 27127	
	Relationship:	Assistant unit manager	
AFFIRMATION OF ELIGIBILITY			
Has any formal charge of professional misconduct, criminal misdemeanor, or felony ever been filed against you in any jurisdiction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, explain.			
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, explain.			
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.			
Signature of Applicant: (Please print and sign.)			Date: 2/10/2017

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.