



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

Date: February 4, 2020

Last Name: Swift First Name: Joshua Middle Initial: R

Gender: Male Female Race: White Birthdate: _____

Email: swiftjr@forsyth.cc Home Phone: (828) 522-8899

Daytime Phone: (336) 703-3099 Cell Phone: (828) 522-8899

Home Address: 1924 Murphy Lane, Winston-Salem, NC, 27104

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: Forsyth County Public Health Director

Employer/Business Name: Forsyth County

Business Address (with zip code): 799 Highland Avenue, Winston-Salem 27101

Supervisor's Name: Shontell Robinson

Education: High School College Graduate School Other: _____

Degree and Subject of Study: Masters in Public Health

School Name/Years Attended: University of South Carolina's Arnold School of Public Health

Applying for Board/Commission (enter one): Bicycle /Pedestrian/Active Mobility Advisory Committee

Why are you interested in serving on that Board/Commission? I believe that creating a walkable and bikeable community is essential to creating a healthy community.

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: If yes, I will consider serving

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

If yes, please list: If yes, I will consider serving

Interests/Skills/Areas of Expertise/Professional Organizations: Past President of the NC Public Health Association

List two professional references below:

1. Name: Dr. Michael Lischke Daytime Telephone: (336) 713-7700
Address: 475 Deacon Blvd, Winston-Salem, 27105
Relationship: Work together

2. Name: Brent Campbell Daytime Telephone: (336) 748-4000
Address: 475 Corporate Square Dr., Winston-Salem, 27105
Relationship: Work together

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: _____

Date: 2/4/2020

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.