

Citizens Board & Commission Application

First Name Cathy

Last Name Theodore

Gender Female

Race Black

Birthdate 12/23/1956

Phone 3362877610

Email Address CTheo12@aol.com

Additional Phone 336-788-4481

Address 970 Woodleaf Ct

City Winston Salem

State NC

ZIP Code 27107

Do you live in Winston-Salem City limits? Yes

Do you live in Forsyth County? Yes

Are you a graduate of Yes

the City of Winston-
Salem University
(CWSU)?

(Section Break)

Education Graduate School

School Name / Years Attended Salem College

Degree & Subject of Study Masters / Special Education

Current Employer Name Retired

Job Title Teacher

(Section Break)

Applying for Citizen Board and Commission

What Board or Commission are you currently serving? None

Please include expiration date 10/31/2024

Why are you interested in serving? I interested in serving on this board because I am a life ling resident and educator in WS and i want to serve the community that I live in as part of giving back to the community. I know my leadership and disciplinary skills will be supportive in making sound, effective and

efficient decisions for a city that I love and cherish.

10/28/2024 4:45 PM

Are you interested in
serving in any other
community volunteer
activities

No

(Section Break)

List Two Professional References

First Name Calvin

Last Name Freeman

Address 301 North Hawthorne RD

City Winston Salem

State NC

ZIP Code 27104

Phone 336-306-0982

Relationship Principal

(Section Break)

First Name Angela

Last Name Elder-Stimpson

Address 1840 Austin Place

City Winston Salem

State NC

ZIP Code 27104

Phone 336-287-7610

Relationship Clergy

(Section Break)

Affirmation of Eligibility

Is there any possible conflict of interest of other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee to a Board / Commission? No

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, including employment records, 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 Cathy Theodore

Date 10/28/2024

Please include your [Cathy's Resume.pages](#)
resumé when
submitting your
application

Note: Applications will be kept on file for two years from the date of application
