

Citizen Board and Commission Application

First Name & Middle Initial London D

Last Name McKinney

Gender Female

Race African American

Birthdate 9/30/1969

Email london27114@gmail.com

Phone 3364808746

Additional Phone *Field not completed.*

Address 2119 New Walkertown Road

City Winston Salem

State NC

Zip Code 27101

Do you live in Winston-Salem City limits? Yes

Do you live in Forsyth County? Yes

Are you a graduate of the City of Winston-Salem University? No

(Section Break)

Education	College
School Name/Years Attended	High Point University
Degree & Subject of Study	Business Administration

(Section Break)

Applying for Board/Commission (Enter One):	African American Heritage Initiative
What Board or Commission are you currently serving?	NAACP 1.1.23
Why are you interested in serving on that Board/Commission?	This organization speaks to my passion for my culture and for preserving my African American history within my community.
Are you willing to serve on any other Board/Commission?	No
Are you interested in serving in any other community volunteer activities?	No
Interests/Skills/Areas of Expertise/Professional Organizations	Community Involvement and Engagement

(Section Break)

List Two Professional References

First Name Robin

Last Name Ervin

Address *Field not completed.*

City Winston Salem

State NC

Zip Code 27101

Phone 336-287-6212

Relationship Former Board Member

(Section Break)

First Name Cathy

Last Name Davie

Address 4993 NC Highway 113

City Laural Springs

State NC

Zip Code 28644

Phone 980-320-7031

Relationship

Former Board Member

(Section Break)

Affirmation of Eligibility

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?

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 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

London D McKinney

Date

8/20/2022

Return Completed Form
Mayor's Office
P.O. Box 2511
Winston- Salem, NC 27102
Phone: 336-727-2058
Fax: 336-748-3241
[Email the Mayor's Office](#)

Please include your resume when submitting your application.

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