Citizen Board and Commission Application

First Name & Middle Initial	Deborah
Last Name	Daniels
Gender	Female
Race	African American
Birthdate	3/21/1956
Email	dtdaniels1@yahoo.com
Phone	13366610904
Additional Phone	Field not completed.
Address	3020 Bainbridge Drive Winston-Salem NC 27105
City	Winston Salem
State	NC
Zip Code	27105
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	Graduate School
School Name/Years Attended	WSSU '77, Ohio State '79, UNC-G '92
Degree & Subject of Study	Higher Education Administration
Current Employer Name	WSFCS
Job Title	Retired, Business Teacher
	(Section Break)
Applying for Board/Commission (Enter One):	Human Relations Commission
What Board or Commission are you currently serving?	None
Why are you interested in serving on that Board/Commission?	I would like for Winston-Salem provide liberty, justice and access to all regardless of race, color or creed
Are you willing to serve on any other Board/Commission?	Yes
Please List	Recreation and Parks Commission
Are you interested in serving in any other community volunteer	Yes

activities?

Please List	Field not completed.	
Interests/Skills/Areas of Expertise/Professional Organizations	Racial Reconciliation, Youth	
	(Section Break)	
List Two Professional References		
First Name	Mark	
Last Name	Key	
Address	1760 Eastover Drive	
City	Kernersville	
State	NC	
Zip Code	27284	
Phone	(336) 460-0165	
Relationship	Former Pastor	
	(Section Break)	
First Name	Otis	
Last Name	Belton	
Address	2238 East First Street	

City	Winston-Salem
State	NC - North Carolina
Zip Code	27101
Phone	336-722-1658
Relationship	Friend
	(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	Deborah T. Daniels
Date	3/2/2023

Return Completed Form Mayor's Office P.O. Box 2511 Winston- Salem, NC 27102

Phone: 336-727-2058 Fax: 336-748-3241 <u>Email the Mayor's Office</u>

Please include your resume when submitting your application.

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