

## Citizen Board and Commission Application

First Name & Middle Initial	Mildred S,
Last Name	Wood
Gender	Female
Race	Black
Birthdate	8/7/1944
Email	<a href="mailto:mwood807@aol.com">mwood807@aol.com</a>
Phone	12023020086
Additional Phone	3362313249
Address	140 CREEKSTONE COURT
City	WINSTON-SALEM
State	<i>Field not completed.</i>
Zip Code	27104
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?	Yes
What year did you graduate?	2014

(Section Break)

Education	College
School Name/Years Attended	University of Maryland
Degree & Subject of Study	Gerontology/Behavioral and Social Sciences

(Section Break)

Applying for Board/Commission ( Enter One):	Community Agency Allocation Committee
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What Board or Commission are you currently serving?	<i>Field not completed.</i>
Why are you interested in serving on that Board/Commission?	Continued interest in community and community development and growth.
Are you willing to serve on any other Board/Commission?	Yes
Please List	Parks and Recreation
Are you interested in serving in any other community volunteer activities?	Yes
Please List	ABC
Interests/Skills/Areas of Expertise/Professional Organizations	Aging, child development and community relations/development.

(Section Break)

List Two Professional References

First Name	Sam
Last Name	Matthews
Address	1700 Ebert Street
City	Winston-Salem
State	NC
Zip Code	27103
Phone	3367480217
Relationship	Business

(Section Break)

First Name	Betty
Last Name	Alexander
Address	3639 Barkwood Drive

City	Winston-Salem
State	NC
Zip Code	27105
Phone	3367676414
Relationship	Business/Fellow 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	Mildred S. Wood
Date	11/15/2022

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.