



CITY OF WINSTON-SALEM  
 OFFICE OF THE MAYOR - ALLEN JOINES  


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**CITIZEN APPLICATION FOR ADVISORY  
 BOARDS AND COMMISSIONS**

**Date: August 17, 2023**

Last Name: Nelson                      First Name: Robert                      Middle Initial: D  
 Gender: Male                              Race: Caucasian                              Birthdate: 04/26/1966  
 Email: [darrell.nelson2011@gmail.com](mailto:darrell.nelson2011@gmail.com)                      Home Phone: (336) 416-4174  
 Daytime Phone: (336) 416-4174                      Cell Phone: (336) 416-4174  
 Home Address: 5611 Cedarmere Drive Winston-Salem, NC 27157  
 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 1997

Current Occupation/Title: Physician  
 Employer/Business Name: MobileDoc and Atrium Health Wake Forest Baptist  
 Business Address (with zip code): MobileDoc 4102 Country Club Rd Winston-Salem, NC 27104 and AHWFB Medical Center Blvd.  
 Winston-Salem, NC 27157 \_\_\_\_\_  
 Supervisor's Name: MobileDoc -Dr. Stephen A. Hubbard and AHWFB Cr. Chadwick Miller

Education:    High School    College    Graduate School    Other: Wake Forest School of Medicine  
 Degree and Subject of Study: Medical Doctorate  
 School Name/Years Attended: Wake Forest School of Medicine 1997 - 2001

Applying for Board/Commission (enter one): WSPORS  
 Why are you interested in serving on that Board/Commission? As a physician with MobileDoc PLLC, I am involved in wellness and return to work issues related to WSFD and WSPD fit for duty and overall health ad safety.  
 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: \_\_\_\_\_

Are you interested in serving in any other community volunteer activities?    Yes    No  
 If yes, please list: \_\_\_\_\_

Interests/Skills/Areas of Expertise/Professional Organizations: Emergency Medicine, EMS Medicine, Occupational and Industrial Medicine.

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List two professional references below:

1. Name: Dr. Bret Nicks, MD Daytime Telephone: (336) 406-7198  
Address: Medical Center Blvd. Winston-Salem, NC 27157  
Relationship: Supervisor – Executive Vice Chair of Emergency Medicine
  2. Name: James E. (Tripp) Winslow Daytime Telephone: (336) 407-6337  
Address: Medical Center Blvd. Winston-Salem, NC 27157  
Relationship: Work peer
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### 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. \_\_\_\_\_

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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. \_\_\_\_\_

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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: August 18, 2023

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**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](mailto: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.*