



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

CITIZEN APPLICATION FOR ADVISORY
BOARDS AND COMMISSIONS

Date: 5-30-19

Last Name: DARK First Name: LINDA Middle Initial: S.

Gender: Male Female Race: Black Birthdate: On File

Email: Lsdark@hotmail.com Home Phone: 336 765-2284

Daytime Phone: none Cell Phone: _____

Home Address: 91 Luzelle Dr.

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 _____

Current Occupation/Title: Retired RN

Employer/Business Name: NA

Business Address (with zip code): _____

Supervisor's Name: _____

Education: High School College Graduate School Other: _____

Degree and Subject of Study: BSN (Nursing)

School Name/Years Attended: Salve Regina University

Applying for Board/Commission (enter one): African American Heritage Action Franchise

Why are you interested in serving on that Board/Commission? To assist in the collection of and recognition of Winston Salem's African American history

What Board or Commission are you currently serving (if applicable)? Formerly HRC

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: _____

Co Chair: WS African American Archive
Member: Friends of Oddfellows Cemetery Restoration, Inc.
Board: New Winston Museum

List two professional references below:

1. Name: Allan Younger Daytime Telephone: _____
Address: Forsyth Tech Busn. Center
Relationship: Friend

2. Name: Rev Yvette L. Martin Daytime Telephone: 336 761-1358
Address: 450 Metropolitan Dr. Winston Salem
Relationship: Pastor

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. _____

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. _____

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: [Signature] Date: 5-31-19

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 Fax: 336-748-3241 Telephone: 336-727-2058

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