

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

## CITIZEN APPLICATION FOR ADVISORY BOARDS AND COMMISSIONS

						Date: March 19, 2019					
Last Name: Baker						rst Name:	Ambe	<u> </u>	Middle Initial: M		
Gender: ☐ Male ■ Female			Female	Rac	.i :e:	e: African American		Birthdate:	12/30/1964		
Email: baker491@hotma			il.com				Home Phone:	651-206-4274			
Daytime I		10 Cell Phone: 6			Phone: 6	651-206-4274					
Home Address: 452 W 25th Street Winston Salem, NC 27105											
Live in Winston-Salem City Limits? ■ Yes □ No □ Live in Forsyth County? ■ Yes □ No											
Are you a graduate of the City of Winston-Salem University?  Year 2013											
Current O	Current Occupation/Title Educator										
Employer/Business Name Winston Salem Forsyth County Schools								ools			
Business Address (with zip code): 1701 N Cherry Street Winston Salem NC 27105											
Supervisor's Name: Karen Roseboro											
Education:   High School   College   Graduate School   Other:											
Degree and Subject of Study: PhD- Education											
School N	ame/Yea	ars Atter	ided: O	hio Sta	te	Universi	ty	manner mitricine er			
Applying	for Boa	rd/Com	nission (e	nter one):	C	ommun	ity Sus	tainability P	rogram		
Why are you interested in serving on that Board/Commission?				Very interested in urban sustainability and the impact on highly marginalized communities.							
What Board or Commission are				None							
you currently serving?				Term Expiration Date:							
Are you v	villing to	o serve (	n any oth	er Board/	Con	ımission?	Yes	□ No	HAV-2011-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
If yes	es, please list: Citizens Review Board										
Are you i	ntereste	d in serv	ing in any	other co	nmı	ınity volun	teer activi	ties? 🗏 Yes	□ No		
If yes	If yes, please list: Open										
Interests/ Expertise Organiza	/ Profes		See Res	ume							

List two professional references below:										
1,	Name:	Mrs. Mia Parker	Daytime Phone:	336-671-1400						
	Address:	3474 Parrish Road Winston Salem NC 27105								
	Relationship:	Colleague								
2.	Name:	Mrs. Tabitha Saunders-Hamilton	Daytime Phone:	336-231-9851						
	Address:	5036 Old Walkertown Road Winston Salem NC 27105								
	Relationship:	Colleague								
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.										
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 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 mistatement or conduct will be cause for my removal from any board or commission.										
Signature of Applicar (Please print and sign		1 10	Date: Morch	12,2019						

## **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: <u>MayorsOffice@CityofWS.org</u> Fax: 336-748-3241 Telephone: 336-727-2058

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