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

CITIZEN APPLICATION FOR ADVISORY BOARDS AND COMMISSIONS

				Date:	8/6/2026
Last Name:	Robinson	First Name:	Elwood	Middle Initial:	L.
Gender:	☒ Male ☐ Female			Birthdate:	11-28-1955
Email:	ElwoodRobinson1128@gmail.com			Home Phone:	919-604-0947
Daytime Phone:	Same	Cell Phone:	Same		
Home Address:	310 W. Fourth St., Apt.1602, Winston-Salem, NC 27101				
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					

Current Occupation/Title	Retired
Employer/Business Name	
Business Address (with zip code):	
Supervisor's Name:	

Education: ☐ High School ☐ College ☒ Graduate School ☐ Other:	
Degree and Subject of Study:	Ph.D in Clinical Psychology
School Name/Years Attended:	

Applying for Board/Commission (list one):	Winston-Salem/Forsyth County Utility Commission
What Board or Commission are you currently serving?	None
If applicable:	Term Expiration Date:
Why are you interested in serving on that Board/Commission?	Interested in serving my community
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:	

List two professional references below:

1.	Name:		Daytime Phone:	
	Address:			
	Relationship:			
2.	Name:		Daytime Phone:	
	Address:			
	Relationship:			

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? ☐ 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/ Commission.

Signature of Applicant:		Date:	8/6/2026

PLEASE ATTACH RESUME

RETURN COMPLETED FORM TO:
Mayor's Office, P.O. Box 2511, Winston-Salem, NC 27102
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.*