



CITY OF WINSTON-SALEM
 OFFICE OF THE MAYOR - ALLEN JOINES
 CITIZEN APPLICATION FOR ADVISORY
 BOARDS AND COMMISSIONS

AUG 15 2023

Date: 08/15/23
 Last Name: Woods First Name: Kristy Middle Initial: F
 Gender: F Race: Black Birthdate: 01/05/1956
 Email: KFwoodsdr@gmail.com Home Phone: N/A
 Daytime Phone: cell Cell Phone: 202-674-3649
 Home Address: 1943 Robinhood Rd., Winston-Salem, NC 27104
 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: Physician (retired)
 Employer/Business Name: retired
 Business Address (with zip code): "
 Supervisor's Name: "

Education: High School College Graduate School Other: Medical School
 Degree and Subject of Study: MD - Medicine
 School Name/Years Attended: Tulane University School of Medicine - class of 1981

Applying for Board/Commission (enter one): Medical Review Board
 Why are you interested in serving on that Board/Commission? -Want to serve my community & have experience w/ medical disability review

What Board or Commission are you currently serving (if applicable)? Ø
 Term Expiration Date: _____

Are you willing to serve on any other Board/Commission? Yes No

If yes, please list: -Not at this time

Are you interested in serving in any other community volunteer activities? Yes No

If yes, please list: -Not at this time

Interests/Skills/Areas of Expertise/Professional Organizations: _____
Community / Public Health
Racial & Ethnic Health Equality

List two professional references below:

2. Name: Dr. Dorothy Luster Daytime Telephone: 919-604-8443
Address: 3502 Pinetop Rd ; Greensboro, NC 27410
Relationship: prof. colleague

AFFIRMATION OF ELIGIBILITY

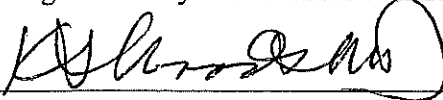
Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction? Yes No

If yes, explain 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:  Date: 08/15/23

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.