

Citizen Board and Commission Application

First Name & Middle Initial	Sondra
Last Name	Turner
Gender	Female
Race	Black
Birthdate	5/1/1965
Email	turnersondra@aol.com
Phone	3367495055
Additional Phone	<i>Field not completed.</i>
Address	2024 Bethany Trace Lane
City	Winston-Salem
State	NC
Zip Code	27127
Do you live in Winston-Salem City limits?	Yes
Do you live in Forsyth County?	Yes
Are you a graduate of the City of Winston-Salem University?	No
(Section Break)	
Education	Other

Please List *Field not completed.*

School Name/Years Attended Nova Southeastern University?/ 10 years

Degree & Subject of Study Doctorate in Educational Leadership

(Section Break)

Applying for Board/Commission (Enter One): Human Relations Commission

What Board or Commission are you currently serving? None

Why are you interested in serving on that Board/Commission? I am interested in becoming more involved in the community I live in.

Are you willing to serve on any other Board/Commission? Yes

Please List Urban Food Policy Council

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

Interests/Skills/Areas of Expertise/Professional Organizations Working with people-Field of Education- Member of Gateway City Worship Center

(Section Break)

List Two Professional References

First Name	Cheryl
Last Name	Frazier
Address	204 Forest View Court
City	Winston-Salem
State	NC
Zip Code	27104
Phone	3369781421
Relationship	Friend

(Section Break)

First Name	Theophilus
Last Name	Jones
Address	835 Cameron Village Drive
City	Winston-Salem
State	NC
Zip Code	27105
Phone	3369722003
Relationship	Pastor

(Section Break)

Affirmation of Eligibility

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

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? No

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 misstatement or conduct will be cause for my removal from any board or commission.

Signature Sondra Turner

Date 7/6/2020

Return Completed Form
Mayor's Office
P.O. Box 2511
Winston- Salem, NC 27102
Phone: 336-727-2058
Fax: 336-748-3241
[Email the Mayor's Office](#)

Please include your resume when submitting your application.

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