

## Citizen Board and Commission Application

First Name & Middle Initial      Maraim

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Last Name      Rivera

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Gender      Female

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Race      Hispanic

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Birthdate      *Field not completed.*

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Email      [maraim@nclcv.org](mailto:maraim@nclcv.org)

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Phone      919-951-9413

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Additional Phone      *Field not completed.*

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Address      2037 E 17th St

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City      Winston Salem

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State      NC

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Zip Code      27105

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Do you live in Winston-Salem City limits?      Yes

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Do you live in Forsyth County?      Yes

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Are you a graduate of the City of Winston-Salem University?      No

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Education	High School
School Name/Years Attended	Fitchburg High School/4 years
Degree & Subject of Study	Diploma
Current Employer Name	NC League Of Conservation Voters Foundation
Job Title	Boards and Commissions Program Coordinator

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Applying for Board/Commission (Enter One):	Citizens' Budget Advisory Council
What Board or Commission are you currently serving?	N/A
Why are you interested in serving on that Board/Commission?	With the recent budget updates for the upcoming 2024-2025 fiscal year I realize the huge gap there is with people understanding how the budget is created, the decisions that are needed to be made based on specific situations, and how the budget can really affect certain communities. I want to better understand to help others from my community to understand also.
Are you willing to serve on any other Board/Commission?	Yes

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Please List

Minority/Women's Business Enterprise, Commission on Ending Homelessness, Affordable Housing Coalition

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Are you interested in serving in any other community volunteer activities?

Yes

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Please List

*Field not completed.*

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Interests/Skills/Areas of Expertise/Professional Organizations

*Field not completed.*

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(Section Break)

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### List Two Professional References

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First Name

Kerry

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Last Name

Wiggins

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Address

7990 N POINT BLVD

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City

WINSTON SALEM

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State

NC

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Zip Code

27106

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Phone

336-934-1794

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Relationship

Supervisor

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(Section Break)

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First Name Justine

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Last Name Oller

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Address *Field not completed.*

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City *Field not completed.*

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State *Field not completed.*

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Zip Code *Field not completed.*

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Phone 347.683.7000

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Relationship Director

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#### Affirmation of Eligibility

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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

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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

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cause for my removal from any board or commission.

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Signature Maraim Rivera

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Date 7/8/2024

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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.*

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

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