

Citizens Board & Commission Application

First Name George

Last Name Schaaf

Gender Male

Race White

Birthdate 3/2/1988

Phone 7045752642

Email Address gwschaaf@gmail.com

Additional Phone *Field not completed.*

Address 229 Nicholson Rd

City Winston-Salem

State NC

ZIP Code 27107

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 (CWSU)?

No

(Section Break)

Education

Graduate School

School Name / Years Attended

Field not completed.

Degree & Subject of Study

Doctor of Veterinary Medicine

Current Employer Name

Wake Forest University School of Medicine

Job Title

Assistant Professor of Radiation Biology

(Section Break)

Applying for

Bicycle Pedestrian Active Mobility Advisory Committee

What Board or Commission are you currently serving?

None

Please include expiration date

5/20/2030

Why are you interested in serving?

I am an active pedestrian/cyclist in the city and use the various trails, paths and roads as a pedestrian on a daily basis. Additionally I am an active participant in several local running and cycling clubs and feel that I

could adequately represent the interests of these groups. I love Winston-Salem, and hope to spend the rest of my life here and would like the opportunity to serve the city and help make it a more accessible and enjoyable place for us all.

Field not completed.

Are you interested in serving in any other community volunteer activities

Yes

(Section Break)

List Two Professional References

First Name

John

Last Name

Olson

Address

1 Medical Center Blvd

City

Winston-Salem

State

NC

ZIP Code

27157

Phone

336-624-8127

Relationship

Colleague at the medical school

(Section Break)

First Name Russell

Last Name O'Donnell

Address 1 Medical Center Blvd

City Winston-Salem

State NC

ZIP Code 27157

Phone 336-750-7710

Relationship Colleague at the medical school

(Section Break)

Affirmation of Eligibility

Is there any possible No
conflict of interest of
other matter that would
create problems or
prevent you from fairly
and impartially
discharging your duties
as an appointee to a
Board / Commission?

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, including employment records, 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 George W. Schaaf

Date 5/20/2025

Please include your [Schaaf CV 4.21.25.pdf](#)
resumé when
submitting your
application

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