



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

CITIZEN APPLICATION FOR ADVISORY
BOARDS AND COMMISSIONS

Date: Feb 3, 2020

Last Name: Miller First Name: Scott Middle Initial: A

Gender: Male Female Race: Caucasion Birthdate: Oct. 7, 1966

Email: mariposa111267@gmail.com Home Phone: 336-760-1091

Daytime Phone: _____ Cell Phone: 336-414-6913

Home Address: 800 Arbor Oaks Dr., Winston Salem, North Carolina 27104-1400

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

Employer/Business Name: Wake Forest School of Medicine

Business Address (with zip code): Medical Center Blvd., Winston Salem, NC, 27157

Supervisor's Name: Scott Segal, MD

Education: High School College Graduate School Other: _____

Degree and Subject of Study: Medical Doctor (MD)

School Name/Years Attended: University of Minnesota, Twin Cities

Applying for Board/Commission (enter one): Bicycle/Pedestrian/Active Mobility Advisory Committee

Why are you interested in serving on that Board/Commission? I am an avid cyclist, bicycle commuter and hiker who has enjoyed living in Winston Salem for the last 15 years. Having access to safe spaces for bicycling and walking makes a more vibrant and attractive community. It also improves the health of the citizenry.

What Board or Commission are you currently serving (if applicable)? None

Term Expiration Date: _____

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: I am interested in being involved with greenway planning, bicycle commuting, and planning/building mountain bike trails

List two professional references below:

1. Name: John Reynolds, MD _____ Daytime Telephone: 336-557-3540 _____
Address: Wake Forest School of Medicine, Dept. Anesthesiology, Medical Center Blvd., 27157
Relationship: Mentor and Colleague _____

2. Name: Randy Calicott, MD _____ Daytime Telephone: 336-577-9816 _____
Address: Wake Forest School of Medicine, Dept. Anesthesiology, Medical Center Blvd., 27157
Relationship: Mentor and 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: Feb 3, 2020

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.