

Citizen Board and Commission Application

First Name & Middle Initial Sheila D

Last Name Williams

Gender Female

Race black

Birthdate 11/7/1959

Email sheila.williams32@yahoo.com

Phone 336 972 0416

Additional Phone 336 770 1077

Address 5061 Brian Center Lane

City Winston Salem

State NC

Zip Code 27106

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	College
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School Name/Years Attended	High Point University
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Degree & Subject of Study	Business Administration
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(Section Break)

Applying for Board/Commission (Enter One):	<i>Field not completed.</i>
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What Board or Commission are you currently serving?	None
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Why are you interested in serving on that Board/Commission?	Interested in what is going on in the community.
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Are you willing to serve on any other Board/Commission?	Yes
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Please List	African American Heritage Initiative
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Are you interested in serving in any other community volunteer activities?	No
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Interests/Skills/Areas of Expertise/Professional	Serving any way I can in the community. areas of expertise is Mortgage lending
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Organizations

(Section Break)

List Two Professional References

First Name	Michele
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Last Name	Mitchell
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Address	<i>Field not completed.</i>
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City	Winston Salem
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State	NC
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Zip Code	<i>Field not completed.</i>
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Phone	336 770 1000
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Relationship	Supervisor
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(Section Break)

First Name	Alicia
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Last Name	Aard
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Address	<i>Field not completed.</i>
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City	Winston Salem
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State	NC
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Zip Code	<i>Field not completed.</i>
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Phone 336 774 3400

Relationship She was a coworker at Allegacy Credit Union

(Section Break)

Affirmation of Eligibility

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 Sheila D Williams

Date 9/6/2022

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.
