

Citizen Board and Commission Application

First Name & Middle Initial	Travis
Last Name	Evans
Gender	Male
Race	Black
Birthdate	3/19/1973
Email	travis@sicilnc.org
Phone	336-971-2656
Additional Phone	<i>Field not completed.</i>
Address	5750 Hickory Knoll Drive, Apartment 1
City	Winston-Salem
State	North Carolina
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
School Name/Years Attended	Atlanta Metropolitan College
Degree & Subject of Study	Mathematics

(Section Break)

Applying for Board/Commission (Enter One):	Bicycle/Pedestrian/Active Mobility Advisory Committee
What Board or Commission are you currently serving?	N/A
Why are you interested in serving on that Board/Commission?	I want to make a difference in Winston.
Are you willing to serve on any other Board/Commission?	No
Are you interested in serving in any other community volunteer activities?	No
Interests/Skills/Areas of Expertise/Professional Organizations	Computers, Planning and Organizing

(Section Break)

List Two Professional References

First Name	Adrian
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Last Name	Boone
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Address	7744 North Point Blvd
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City	Winston-Salem
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State	North Carolina
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Zip Code	27106
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Phone	743-333-4204
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Relationship	Co-Worker
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(Section Break)

First Name	Mark
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Last Name	Steele
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Address	7744 North Point Blvd
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City	Winston-Salem
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State	North Carolina
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Zip Code	27106
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Phone	743-333-4204
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Relationship

Co-Worker

(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

Travis Evans

Date

2/14/2023

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.
