



CITY OF WINSTON-SALEM
OFFICE OF THE MAYOR - ALLEN JOINES
CITIZEN APPLICATION FOR ADVISORY
BOARDS AND COMMISSIONS

Date: 3/13/2023

Last Name: Flowers, Sr. First Name: Mark Middle Initial: A.

Gender: Male Race: Black Birthdate: 12/18/1968

Email: markflowers68@gmail.com Home Phone: None

Daytime Phone: (336)744-7138 Cell Phone: (336)705-9778

Home Address: 2521 Griffith Meadows Dr. Winston-Salem, NC 27103

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: Education/Program Administrator

Employer/Business Name: Quality Education Institute, Inc.

Business Address (with zip code): 4387 Craver School Rd. Winston Salem, NC 27105

Supervisor's Name: Dr. Tamara Turner

Education: ☒ High School ☒ College ☐ Graduate School ☐ Other: _____

Degree and Subject of Study: B.A./Political Science

School Name/Years Attended: North Carolina Central University/ August 1989-May 1994

Applying for Board/Commission (enter one): Parks and Recreation

Why are you interested in serving on that Board/Commission? P/R, play a major role in the enhancement of the community and the overall health/safety of the residence.

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

Are you willing to serve on any other Board/Commission? ☒ Yes ☐ No

If yes, please list Winston Salem Transit Authority

Are you interested in serving in any other community volunteer activities? ☒ Yes ☐ No

If yes, please list: Possibly, If time permits

Interests/Skills/Areas of Expertise/Professional Organizations: Useful organizational skills, problems solving, networking, ability to multitask, general management skills

List two professional references below:

1. Name: Senator Paul Lowe Daytime Telephone: (336)575-8839
Address: Winston Salem, NC
Relationship: Mentor
 2. Name: Dr. Nathan Scovens, Sr. Daytime Telephone: (336)724-3857
Address: Winston Salem, NC
Relationship: Pastor
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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: _____

Mark A. Flowers, Sr. Date: 3/13/23

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.