

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



## CITIZEN APPLICATION FOR ADVISORY BOARDS AND COMMISSIONS

							Date:	Date: 05/16/2017				
Last Name: Carson			First Name:		Hana	<del></del>		Middle Initial:				
Gender: D Male Female			Rac	e: Black		· · · · · · · · · · · · · · · · · · ·	Birthd	ate:	06/25/1977			
Email: thompsonpff@aol.co				m				Home Phone: 336/923-2832				
Daytime Phone:   336/682-0306				Cell Phone; 3				336/682	336/682-0306			
Home Address: 4542 Stimpson Ridge Drive, Pfafftown, NC 27040												
Live in Winston-Salem City Limits? Yes No Live in Forsyth County? Yes No												
Are you a graduate of the City of Winston-Salem University?   Year  Year												
Current Occupation/Title				Registered Nurse								
Employer/Business Name				UHG/Optum Services								
Business Address (with zip code): 11000 Optum Circle, Eden Prairie, MN 55344												
Supervisor's Name: Jan Allison Bailey												
Education: 🗆 High School 🗆 College 屠 Graduate School 🗆 Other:												
Degree and Subject of Study: Master of Studies in Law												
School Name/Years Attended: Wake Forest University 08/13-05/14												
Applying for Board/Commission (enter one): Creative Quarters												
Why are you interested in serving on that Board/Commission?			Professional development, diversify knowledge, serve community									
3171 ( T)												
What Board or Commission are you currently serving?												
				Term Expiration Date:								
Are you willing to serve on any other Board/Commission? D Yes No												
If yes, please list:												
Are you interested in serving in any other community volunteer activities?												
If yes, please list:												
Winston-Salem Urban League-Board of Directors Interests/Skills/Areas of Expertise/ Professional Organizations:												

List two professional references below:									
1.	Name:	Tamika Moore	Daytime Phone:	336/2544080					
	Address:	WFUBMC, Medical Center Drive, Winston-Salem, NC 27157							
	Relationship:	former colleague							
2.	Name:	Sally Cowgill	Daytime Phone:	3367166024					
	Address:	WFUBMC, Medical Center Drive, Winston-Salem, NC 27157							
	Relationship:	former 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.									
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 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.									
	nature of Applicar	10 N & A C D D V V a 1	Date: 05/16/20	)17					

## 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.