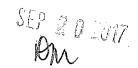


## CITY OF WINSTON-SALEM OFFICE OF THE MAYOR - ALLEN JOINES



## CITIZEN APPLICATION FOR ADVISORY BOARDS AND COMMISSIONS

		Date: 09/14/2017						
Last Name: Richardson			First Name: Sydn		У		Middle Initial: D.	
Gender: 🗆 Male 🗷 Female I			e: Black/African-American		Birthdate:		02/23/1980	
Email: srdav	:om			Home	Phone:	336-705-4429		
Daytime Phone:	8 Cell Phone: 336-705-4429					9		
Home Address: 2507 Wood Valley Rd , w. S NC 27104								
Live in Winston-Salem City Limits?  Yes \( \subseteq \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
Are you a graduate of the City of Winston-Salem University?   Yes  No Year								
Current Occupation/Title		Dean of Adult Education						
Employer/Busines	Salem College							
Business Address	601 S. Church Street							
Supervisor's Name: Dr. Susan Calovini								
Education:   High School   College   Graduate School   Other:								
Degree and Subject of Study: Ph.D. in Educational and Cultural Studies								
School Name/Years Attended: The University of North Carolina at Greensboro/4 years								
Applying for Board/Commission (enter one): Urban Food Policy Council								
Why are you interested in serving on that Board/Commission?		Il want to contribute to the conversation and resolution about food access to residents.						
What Board or Commission are you currently serving?		None						
		Term Expiration Date:						
Are you willing to serve on any other Board/Commission? Yes \(\sigma\) No								
If yes, please	list: College	ege Advisory Board; Commission on Ending Homelessness;						
Are you interested in serving in any other community volunteer activities?   Yes No								
If yes, please list:								
Interests/Skills/Areas of Women and mentoring, adult education, food deserts, philanthropy, African-American Expertise/ Professional historical sites, and women and children. My professional organizations include NASPA (student affairs professionals), AAACE (adult education), and ACHE (adult education).								

List two professional references below:									
1.	Name:	Dr. Brett Carter	Daytime Phone:	336-334-5516					
	Address:	UNCG, 1400 Spring Garden St. Greensboro, NC 27412							
	Relationship:	Mentor and professional colleague							
2.	Name:	Dr. Krispin Barr	Daytime Phone:	336-705-0707					
	Address:	601 S. Church Street, Winston-Salem, NC 27101							
	Relationship:	Professional 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		Date: 9/14)	117					

## **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.