

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

## CITIZEN APPLICATION FOR ADVISORY BOARDS AND COMMISSIONS

SEP 2 8 2016

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|---|
| Last Name: Miller First Name: Ward Middle Initial: B  |
| Gender: Male Li Female Race: Plack Birthdate: 6-7-2-5-4   |
| Email: Womyson @ aul. Lorn Home Phone 336- 727-1061   |
| Email: WbmVsm @ a01. Lom Home Phone: 336-727-1061  Daytime Phone: 336-727-106 Cell Phone: 336-416-8886  |
| Home Address: 2570 Treetop Lane Winton Salom NC 27/0  |
| Live in Winston-Salem City Limits? Yes \( \sigma \) No Live in Forsyth County? Yes \( \sigma \) No  |
| Are you a graduate of City of Winston-Salem University?   Yes   No Year   |
| Current Occupation/Title: Retired Banker  |
| Employer/Business Name:   |
| Business Address (with zip code):   |
| Supervisor's Name:  |
| Education: High School IXCollege Graduate School Gother:  Degree and Subject of Study: BA Degree Political Science  School Name/Years Attended: College of Charleston 1972 - 1976                     |
| Applying for Board/Commission (enter one): Walk of Fame Committee  Why are you interested in serving on that Board/Commission? Interested in helping  to make recumendations to the Mayor for awards. |
| What Board or Commission are you currently serving (if applicable)?  Term Expiration Date:  |
| Arc you willing to serve on any other Board/Commission?   Yes No  If yes, please list:  |
| Are you interested in serving in any other community volunteer activities?  Yes No  If yes, please list:  |

| Interests/Skills/Areas of Expertise/Professional Organizations: Working With Non-prof.  |
|---|
|   |
| List two professional references below:   |
| 1. Name: Brenda 5: Diagr Daytime Telephone: 336-724-68, Address: 3609 andrea Zane Winstmi, alem, MC Relationship: Triend  |
| 2. Name: Nigel alston Daytime Telephone: 336-922 - Address: 249 Brooker Landing Dr. Winston Salan NG 22   |
| Relationship: Tyiend  |
| Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction? LI 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:   Date: 9/26//6 |

## 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.