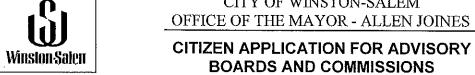


## APR 0 9 2018 Zmm



								Date:	4/9/20	018	
Last Name: Younger				First Name:		Allan	<u> </u>		Middle Initial: G		
Gender: ■ Male □ Female				Rac	ce: Black			Birthdate:		6/18/67	
Email: agyounger@gmail				.com				Ноте	Home Phone: 336-774-134		
Daytime Phone: 336-757-380			Cell Phone:			Phone: 3	336-416 <b>-</b> 9497				
Home Address: 5500 Stone Crossing Drive											
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?   Yes No Year											
Current Occupation/Title				Director, Small Business Center							
Employer	Forsyth Tech										
Business Address (with zip code): 2100 Silas Creek Parkway											
Supervisor's Name: Jennifer Coulombe											
Education: ☐ High School ☐ College ☐ Graduate School ☐ Other:											
Degree and Subject of Study: Masters of Business Administration											
School Name/Years Attended: WSSU 2011-2013											
Applying for Board/Commission (enter one): Utilities Commission											
Why are you interested in serving on that Board/Commission?				I want to continue my public service.							
What Board or Commission are I just rolled off of the Planning Board								nning Board.			
you currently serving?			Term Expiration Date: 3/2018								
Are 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 Entrepreneurship - Small Business Center Network  Expertise/ Professional Adult Education - NC Community College Adult Educators Association  Organizations: Community Development - SG Atkins CDC											

List two professional references below:								
1.	Name:	Dave Plyler & Don Martin	Daytime Phone:	336-703-2020				
	Address:							
	Relationship:	Mentors						
2.	Name:	Allen Joines	Daytime Phone:	336-727-2058				
	Address:							
	Relationship:	Mentor						
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.								
Signature of Applicant: (Please print and sign.) Date: 4/9/2018								

## 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.