

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

CITIZEN APPLICATION FOR ADVISORY BOARDS AND COMMISSIONS

					Date: 01/02/2018					
Last Nam	e: Lin	dell		Fi	rst Name:	Daym	ond	Middle Initial: C		
Gender:	■ Ma	e Female	Rac	:e:	Black	in an incommended	Birthdate:	04/14/76		
Email:	il.com	.com			Home Phone:	e: 336-377-3285				
Daytime Phone:				Cell Phone: 336-406-7893						
Home Address: 5325 Angel Oaks Dr. Winston Salem, NC 27105										
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 2010										
Current O	ccupatio	on/Title	Mento	r/ A	cademi	c Advis	sor / Instruct	tor		
Employer/Business Name Win					Vinston Salem State University					
Business Address (with zip code): 27101										
Supervisor's Name: A. Jamar Banks										
Education: High School College Graduate School Cother: Ph.D. Candidate										
Degree and Subject of Study: Recreation & Business Management										
School Name/Years Attended: North Carolina State University - 1984 - 1991										
Applying for Board/Commission (enter one): Recreation & Parks Commission										
Why are y	Prev	Previously Served as Commissioner								
What Board or Commission are you currently serving?			Non	None						
			Term E	Term Expiration Date: NA						
Are you willing to serve on any other Board/Commission?										
If yes, please list: Tourism Development Authority / Emergency Management										
Are you interested in serving in any other community volunteer activities?										
If yes, please list: Open										
Interests/Skills/Areas of Servant Leadershlp, Mentoring, Athletic Coaching, Team Building, Student Success/Development, Academic Advising, Staff Development, Operations, Expertise/ Professional Compliance, Fiscal Budgeting/Planning, Recreation/Sports, Education, Food, Music, Organizations:										

List two professional references below:									
1.	Name:	Dr. Michael McIntosh	Daytime Phone:	336-618-0263					
	Address:	P.O. Box 1914 Chapel Hill, NC							
	Relationship:	Professional Colleague							
2.	Name:	Dr. James Wingate	Daytime Phone:	336-852-0900					
	Address:	1101 Wakefield Rd. Greensboro, NC							
	Relationship:	Professional Collegaue							
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: 01/02/2018									

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.