Rebra



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

## CITIZEN APPLICATION FOR ADVISORY BOARDS AND COMMISSIONS

							Date: 01/02/2018				
Last Name: Lindell					Fi	rst Name:	Name: Daymo		A vertechensenskrikelikou-vitar	Middle Initial:	С
Gender:	Gender: ■ Male □ Female			Rac	e: Black		Birthdate:		04/14/76		
Email: Daylindell@Gmail.com				om	HACOM MARKETTI TO THE THEORY OF THE CONTROL OF THE		Home Phone:		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?  Year 2010											
Current Occupation/Title				Mentor/ Academic Advisor / Instructor							
Employer/Business Name				Winston Salem State University							
Business Address (with zip code): 27101									**************************************		
Supervisor's Name: A. Jamar Banks											
Education:   High School  College  Graduate School  Other: 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 you interested in serving on that Board/Commission?			g F	Previously Served as Commissioner							
What Board or Commission are you currently serving?			١	None							
			7	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 Leadership, 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: Entertainment, Ethics, Wake Forest Univ.											

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									
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.