

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

CITIZEN APPLICATION FOR ADVISORY BOARDS AND COMMISSIONS

							Date:	12-5-	18	
Last Name: Jones					First Name: Porsch		ne		Middle Initial: N	
Gender:					e: Black		Birthdate:		4-16-84	
Email: porschejones01@gma				mail.com			Home Phone:			
Daytime Phone:					Cell Phone: 33		36-575-8144			
Home Address: 1628 Olivers Crossing Circle WS NC 27127										
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 MSRC 2015										
Current O	Healt	Health Educator								
Employer/Business Name Nov				ovant Health						
Business Address (with zip code): 1399 Ashleybrook Lane Suite 200 Winston-Salem, NC 27103										
Supervisor's Name: Laura Holby										
Education: High School College Graduate School Other:										
Degree and Subject of Study: Masters: Rehabilitation Education										
School Name/Years Attended: Winston-Salem State University 2013-2015										
Applying for Board/Commission (enter one): M/WBE Advisory Committee										
Why are you interested in serving on that Board/Commission?			I am Interes	I am Interested in learning and engaging deeper in assisting minority- and women-owned business owners						
What Board or Commission are you currently serving?			None							
			Term	Term Expiration Date:						
Are you willing to serve on any other Board/Commission?										
If yes,	If yes, please list:									
Are you interested in serving in any other community volunteer activities?										
If yes, please list:										
Interests/Skills/Areas of Strong work ethic, positive communication skills, active team player, engaged, Community partnerships/relationships, coordinator. Expertise/ Professional Organizations:										

Li	st two profession	nal r	eferences below:	· , , , , , , , , , , , , , , , , , , ,							
1.	Name:	Tar	nara Pickett Smith	Daytime	Phone:	336-624-3274					
	Address:	333	3333 Silas Creek Parkway WS NC 27103								
	Relationship:	Col	Colleague								
2.	Name:	Sha	awan Gabriel	Daytime	Phone:	336-253-5152					
	Address:	107	107 Westdale Ave. WC NC 27101								
	Relationship:	Ме	Mentor/ CEO Big Brother Big Sister								
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 t	here any possible i impartially disch	confl argin	ict of interest or other matter that would create pro g your duties as an appointee to a Board/Commiss	blems or p	revent y Tes 🗏	ou from fairly No					
If yes, explain.											
ver to inv	rect to the best of ification of all sta	my k iteme: d rele	on is public record, and I certify the facts contained mowledge. I authorize and consent to background into contained herein. I further authorize all informable as all parties from all liability for any damages the dand agree any misstatement or conduct will be considered.	checks an ation cond at may rea	ed to the cerning r sult fron	investigation and ny qualifications n this					
	nature of Applica Please print and sig		Polié Jon	Date:	12-	5-18					

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.