

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

CITIZEN APPLICATION FOR ADVISORY BOARDS AND COMMISSIONS

Date: <u>2/11/2019</u>	
Last Name: McCoy First Name: Paula Middle Initial J	
Gender: Male X Female Race: Black Birthdate: 7/28/15	
Email: paulamccoy5@gmail.com	
HomePhone:	
Daytime Phone:	
Cell Phone: <u>336-575-6099</u>	
Home Address: 4636 Old Baux Mountain Road, Winston-Salem, NC 27105	
Live in Winston-Salem City Limits? X Yes \square No Live in Forsyth County? X	Yes □ No
Are you a graduate of City of Winston-Salem University? Yes X No Year	
Current Occupation/Title: Consultant (former ED of Neighbors for Better Neighborh	oods)
Employer/Business Name: McCoy Enterprises	
Business Address (with zip code): 4636 Old Baux Mountain Road, Winston-Salem, NC	27105
Supervisor's Name:	
Education: ☐ High School ☐ College X Graduate School ☐ Other:	
Degree and Subject of Study: Masters Degree in Education Administration; Masters	Social Work (MSW) with
concentration in Community Development	
School Name/Years Attended: NCA&T 1994; Case Western Reserve Univ. 2005	
Applying for Board/Commission (enter one): <u>Affordable Housing Coalition</u>	
Why are you interested in serving on that Board/Commission Affordable, decen	
stabilize which allows them to focus on other things that can improve their quality of	
education, heath, work. By serving on this, I can help make decisions that create mo	re opportunities for housing
for families, particularly those families who are marginalized.	
What Board or Commission are you currently serving (if applicable) None	
Term Expiration Date:	
Are you willing to serve on any other Board/Commission? X Yes ☐ No	
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Are you interested in serving in any other community volunteer activities? X Yes \[\] No If yes, please list: Interests/Skills/Areas of Expertise/Professional Organizations: Community development professional, community organizing, life coach List two professional references below: 1. Name: John Bost Daytime Telephone: 336-407-2994 Address: 6600 Village Brook Trail, Clemmons, NC 27012 Relationship: Business Associate 2. Name: Sandra Okonta Daytime Telephone: 336-722-4990 Address: 8025 North Point Blvd Ste 277 W-S, NC 27106 Relationship: Accountant AFFIRMATION OF ELIGIBILITY Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction? \[\] Yes X 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 X No If yes, explain. 1 understand this application is public record, and 1 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
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Signature of Applicant:
Date: <u>2/11/2019</u>
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