

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

CITIZEN APPLICATION FOR ADVISORY BOARDS AND COMMISSIONS

Date: Last Name: Middle Initial: Gender: £ Male £ Fen	50119 Sari nale Race:	First Ne		.SQ	20/67
Email:	lisasaria	mac. co	η	Home	Phone:
Daytime Phone:		36 972-	4192	Cell	Phone:
Home Address: 321	N. Avalo	n Rd V	N.S. NC	27104	
Live in Winston-Salem C	ity Limits? Ex	es £ No	Live in Forsyth C	County? £ (Yes)	£ No
Are you a graduate of City	y of Winston-Salem Un	iversity? £ Yes	No Year		
Current Occupation/Title:	President 1	CEO L	andmo	rk Asse	- 4 Services
Employer/Business	Ob E. Four	lhSI.	la z	2710)	Name:
Business	Address	(with	zip		code):
Supervisor's	7	•		-	Name:
Education: £ High	School	College £	Graduate Sch	tool £	Other:
Degree Degree and	l Subject	of	Study	r.	
School	. 1	Name/Years		At	ttended:
Applying for Board/Come Why are you	interested i		on that	Board/Comm	
nh		<u> </u>	Term	n Expiration	Date:

Are you willing to serve on any other Board/Commission? $\mbox{\bf £}$ Yes $\mbox{\bf £}$ No

If	yes,	please	list:
Are you interested in ser	rving in any other communi	ity volunteer activities? £ Yes £	No
If	yes,	please	list:
Interests/Skills/Areas of	Expertise/Professional Org	ganizations: ' DEDE A PLOPETILL #	nanagemen 1
List two professional ref 1. Name: Address: Relationship: 2. Name: Address:	ferences below: I PO-1 1 I MAN THUM I O CALUBUS OF I O O VLS-1 ILLOS TONY I LW CHOOLE COOLE COOLE	nces bottle	Telephone: (336) 725-4710 Telephone: (114) 905-9107
Relationship:	Gyndela	Full Indiana	
in any jurisdiction? £	of professional misconduct,	criminal misdemeanor or felony eve	er been filed against you
and impartially discharg		atter that would create problems or p ntee to a Board/Commission? £ Y	- ·
If yes, explain.			
and correct to the best of and verification of all st qualifications to be inve- this investigation. I und	of my knowledge. I authorize atements contained herein. Estigated and release all particestand and agree that any second	certify that the facts contained in the ze and consent to background check. I further authorize all information clies from all liability for any damage misstatement or conduct will be caused.	s and to the investigation concerning my es that may result from
any board or commission	USUA. Sa	<u>,</u> 1	Date:

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