

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

## CITIZEN APPLICATION FOR ADVISORY BOARDS AND COMMISSIONS

Name: Koven M. Ward-Kapley Race: White Care.
Gender: male female Birthdate: 3121961 E-mail Kaven Kaplan @Mac.com
Home Phone: barre Daytime Phone: 67966651 Fax:
Home Address: 118 N Hawthornp Rcl.
Do you live within the City Limits of Winston-Salem? (circle one) Ves No
Do you live within the County of Forsyth? (circle one) (Yes) No
Current Occupation/Title: Integrative Therapist ? Instructor
Employer/Business Name: Healing Avt of yoga & Integrative Thevapies
Business Address and Zip: Danie
Supervisor Name: Self Telephone:
Education: High School [] College [] Graduate School [ 4 Other []
Degree/Subject of Study: Fine Art + Deychology BA Psychology + Expressive
School Name/Years Attended: Weveclith Catlege Leslie university 1989-1993 1993-1995
BOARD/COMMISSION APPLYING FOR (list one): Community Appearance Comm.
List the Board or Commission you currently serve and your term expiration date.
Why are you interested in serving on the Board/Commission you are applying for? I have veturned
to my hometour and want to become a part of the community + contribute to this beautiful
Are you willing to serve on any other Board/Commission? Please list: of course if
I have skills that could benefit that commission.
Are you interested in serving in any other community volunteer activities? I com voluteeving
at River wood Equestrian Therapeletic Atr. already.
PLEASE SUBMIT ANY RESUME CONTINUED ON NEXT PAGE >

Interest/Skills/Areas of Expertise/Professional Organizations e angagement, community building organizing eastive knowledgeable in archeteat We + and List two personal references below. Name: Brenda Mari Daytime Telephone: 617 4078 Address: 17 Map He St. Belmont, MA Relationship: Freud Chew Name: Cautor Tooli Section Daytime Telephone: 781-235 Wellesky MA Relationship: Worked w Address: 10 AFFIRMATION OF ELIGIBILITY Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction? Yes \_\_\_\_\_ No V 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 \_\_\_\_ No V If yes, explain

I understand this application is public record, and I 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 investigation. I understand and agree that any misstatement or conduct will be cause for my removal from any board or commission.

Date: Signature of Applicant:

RETURN COMPLETED FORM TO:

City Secretary's Office, P.O. Box 2511, Winston-Salem, NC 27102 Telephone: 336-727-2058 Fax: 336-748-3241