



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

CITIZEN APPLICATION FOR ADVISORY BOARDS AND COMMISSIONS

	Date: 2/25/2019
Last Name:Diggs First Name:Brenda	Middle Initial:B,
Gender: Male Female Race: African American E	Sirthdate:Sept. 19, 1947
Email:bidiggs@aol.com	-fome Phone: _336-724-6827
Daytime Phone:336-724-6827 Cell Phone: _	336-418-3444
Home Address:3609 Andrea Lane Winston-Salem, NC 27105	
Live in Winston-Salem City Limits? X Yes No L	Live in Forsyth County? 🗷 Yes 🗆 No
Are you a graduate of City of Winston-Salem University? Yes Yes	No Year
Current Occupation/Title:Retired	
Employer/Business Name:	
Business Address (with zip code):	
Supervisor's Name:	
Education: ☐ High School ☑ College ☐ Graduate School ☐ Other	
Degree and Subject of Study:BS Business Administration	
School Name/Years Attended:High Point College now High Point	int University Graduated May 1986
Applying for Board/Commission (enter one):Bond Oversight Comm	mittee
Why are you interested in serving on that Board/Commission?To	insure that the dollars allocated to the
projects from the tax dollars are fairly spr	read across the community.
What Board or Commission are you currently serving (if applicable)?	NIA
Are you willing to serve on any other Board/Commission? X Yes	rm Expiration Date:
	•
If yes, please list: Utilities Commission Are you interested in service in any other commission.	
Are you interested in serving in any other community volunteer activities	•
If yes, please list: Updated 1/27/16	Page I of 2

Interests/Skills/Areas of Expertise/Professional Organizations:	
SEE LIST ATTACHED TO RES	UME
List two professional references below:	
Name:Annette Knight	Daytime Telephone: 336-774-4128
Address: Westbrook Plaza Winston-Salem, NC 27103	
Relationship:Friend/Ex-Work Colleague	
2. Name:Dr. Nathan Scovens	Daytime Telephone: _336-724-3857
Address:4129 Northampton Drive Winston-Salem, 1	NC 27105
Relationship:Pastor	
Has any formal charge of professional misconduct, criminal min any jurisdiction? Yes No If yes, explain complete disposition.	
Is there any possible conflict of interest or other matter that wor and impartially discharging your duties as an appointee to a Box If yes, explain.	ard/Commission? 🗆 Yes 🗷 No
I understand this application is public record, and I certify that to correct to the best of my knowledge. I authorize and consent to verification of all statements contained herein. I further authorite to be investigated and release all parties from all liability for an investigation. I understand and agree that any misstatement or board or commission. Signature of Applicant:	background checks and to the investigation and ze all information concerning my qualifications y damages that may result from this

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 orsOffice@CityofWS.org Fax: 336-748-3241 Telephone: 33

Email: MayorsOffice@CityofWS.org Telephone: 336-727-2058

Note: Applications will be kept on file for two years from the date of application.