

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

## CITIZEN APPLICATION FOR ADVISORY BOARDS AND COMMISSIONS

|   |  |  |                       |                         |      |                |              | Date:           | 7-      | 2.19 |  |
|---|--|--|-----------------------|-------------------------|------|----------------|--------------|-----------------|---------|------|--|
| Last Name: HEELAN   |  |  |                       | First Name: ROA         |      | DN .           |              | Middle Initial: | E       |      |  |
| Gender: ☐ Male ☐ Female   |  |  | Rac                   | e:                      | Caus | A514N          | Birthdate:   |                 | 9-23-59 |      |  |
| Email: BENAR HEEM @   |  |  |                       | HUMBERS. COM            |      | Home Phone: NA |              |                 |         |      |  |
| Daytime Phone: 334-144-   |  |  | 9205 Cell Phone:      |                         |      | l Phone:       | 336-400-3746 |                 |         |      |  |
| Home Address: FOB BIXT  |  |  |                       | 490NE CT 13-5. NC 27106 |      |                |              |                 |         |      |  |
| Live in W   | Live in Winston-Salem City Limits? ™ Yes □ No Live in Forsyth County? ™ Yes □ No |  |                       |                         |      |                |              |                 |         |      |  |
| Are you a   | Are you a graduate of the City of Winston-Salem University?   Yes No Year        |  |                       |                         |      |                |              |                 |         |      |  |
| Current Occupation/Title  |  |  | FOUNDER / SALES       |                         |      |                |              |                 |         |      |  |
| Employer/Business Name  |  |  |                       | Salem Group             |      |                |              |                 |         |      |  |
| Business Address (with zip code): 209 MERCANTILE DR US-5, NC 27105  |  |  |                       |                         |      |                |              |                 |         |      |  |
| Supervisor's Name: 212  |  |  |                       |                         |      |                |              |                 |         |      |  |
| Education:  High School  College  Graduate School  Other:   |  |  |                       |                         |      |                |              |                 |         |      |  |
| Degree and Subject of Study: PSYCHDUG(  |  |  |                       |                         |      |                |              |                 |         |      |  |
| School Name/Years Attended: WAKE FOREST 1977-1981   |  |  |                       |                         |      |                |              |                 |         |      |  |
| Applying for Board/Commission (enter one): BOND ONEDSIGHT COMMISSION  |  |  |                       |                         |      |                |              |                 |         |      |  |
| Why are you interested in serving on that Board/Commission?  PRIPAZIOU TURETRE. CIVIC OUTY.  BECOME MODE UNCLUSEDED ACTIVE IN COMMUNITY   |  |  |                       |                         |      | YEMUN          |              |                 |         |      |  |
| What Board or Commission are  |  |  |                       | NOWE                    |      |                |              |                 |         |      |  |
| you currently serving?  |  |  | Term Expiration Date: |                         |      |                |              |                 |         |      |  |
| Are you willing to serve on any other Board/Commission? \( \sqrt{\sq}}}}}}}}}}}}}} \signtarightinm{\sintitita}}}}}}}} \end{\sqrt{\sqnt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \end{\sqrt{\sq}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \s |  |  |                       |                         |      |                |              |                 |         |      |  |
| If yes, please list: Unitation  |  |  |                       |                         |      |                |              |                 |         |      |  |
| Are you interested in serving in any other community volunteer activities? \( \sqrt{Y} \) Yes \( \sqrt{N} \) No   |  |  |                       |                         |      |                |              |                 |         |      |  |
| If yes, please list: VOUNTER - CAMPETTON, LAKE FOREST   |  |  |                       |                         |      |                |              |                 |         |      |  |
| Interests/Skills/Areas of UNEX/THED A SYMPLE BUSINESS FOR "S" THE STEP STATES OVERSAL ASPECTS Organizations:  |  |  |                       |                         |      |                |              |                 |         |      |  |

| Li               | st two profession   | nal references below:  |  |                                      |  |  |  |  |  |
|------------------|---|--|--|--------------------------------------|--|--|--|--|--|
| 1.               | Name:   | JEFF MACINTUSH   | Daytime Phone:   | 335-516-012                          |  |  |  |  |  |
| ·                | Address:  | 129 HOOBEINE RO W-S 27100  | BRIAR RD W-S ZTICK   |                                      |  |  |  |  |  |
|                  | Relationship:   | Ex BUSINESS PYTHER ! LITHOUGH FRIEND   |  |                                      |  |  |  |  |  |
| 2.               | Name:   | CLON POINDENTER  | Daytime Phone:   | 575-918-3169                         |  |  |  |  |  |
|                  | Address:  | 5044 MARGIE ARCHRING-S 2710184   |  |                                      |  |  |  |  |  |
|                  | Relationship:   | BUSINES ASSOCIATE / LITERLING FREEND   |  |                                      |  |  |  |  |  |
| AF               | FIRMATION OF  | ELIGIBILITY  |  |                                      |  |  |  |  |  |
|                  | any jurisdiction?   |  |  | iled against you                     |  |  |  |  |  |
| <b>T</b> .       | If yes, explain.  | MARITUANA WHILE A STUDENT LY   |  |                                      |  |  |  |  |  |
|                  |   | conflict of interest or other matter that would create prob<br>arging your duties as an appointee to a Board/Commission  |  |                                      |  |  |  |  |  |
| If yes, explain. |   |  |  |                                      |  |  |  |  |  |
| to inv           | rect to the best of ification of all state to investigated and restigation. I under commission. | ication is public record, and I certify the facts contained my knowledge. I authorize and consent to background cements contained herein. I further authorize all informal release all parties from all liability for any damages that retained and agree any misstatement or conduct will be care | checks and to the in<br>tion concerning my<br>at may result from t | vestigation and y qualifications his |  |  |  |  |  |
| ~                | mature of Applican  | Mr. To Bearly  | Date: 2/2/   | 19                                   |  |  |  |  |  |

## 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: <a href="mailto:MayorsOffice@CityofWS.org">MayorsOffice@CityofWS.org</a> Fax: 336-748-3241 Telephone: 336-727-2058

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