



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

CITIZEN APPLICATION FOR ADVISORY
BOARDS AND COMMISSIONS

Date: 02/02/2020

Last Name: Davis, Jr. First Name: William Middle Initial: "Keith"

Gender: X Male Female Race: White Birthdate: 09/05/1973

Email: keith@fleetfeetws.com Home Phone: 336 407-5810

Daytime Phone: same Cell Phone: same

Home Address: 765 Heron Ridge Road, Winston-Salem, NC 27106

Live in Winston-Salem City Limits? X Yes 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: Business Owner

Employer/Business Name: Fleet Feet Winston-Salem

Business Address (with zip code): 278 Harvey Street, Winston-Salem, NC 27103

Supervisor's Name: n/a

Education: High School College X Graduate School Other:

Degree and Subject of Study: BA Davidson College (History, 1996), MBA Wake Forest University (Entrepreneurship and Finance, 2001)

School Name/Years Attended: included above

Applying for Board/Commission (enter one): Bicycle/Pedestrian/Active Mobility Advisory Committee

Why are you interested in serving on that Board/Commission? I am an avid cyclist and runner as well as an occasional bike commuter. I am a Winston-Salem native with a demonstrated interest in helping Winston-Salem to become a more active community. I am the owner of Fleet Feet and New Balance Winston-Salem. I have served as race director, operations director and advisor to numerous organized runs, walks and triathlons (over 15 years experience), and I work daily with Winston-Salem citizens to support and expand the fitness community. I am eager to be more engaged with Winston-Salem leadership to continue to invest in making Winston-Salem a more attractive and safe community for walkers, runners, cyclists and pedestrians.

What Board or Commission are you currently serving (if applicable)? None _____
Term Expiration Date: _____

Are you willing to serve on any other Board/Commission? Yes No

If yes, please list: This is the first advisory board that has come to my attention. _____

Are you interested in serving in any other community volunteer activities? Yes No

If yes, please list: _____

Interests/Skills/Areas of Expertise/Professional Organizations: I have been an avid runner and cyclist in Winston-Salem for over 20 years and for 14 years have owned Fleet Feet Winston-Salem (5 year owner of New Balance Winston-Salem). I have been a Race Director / Operations Director and/or advisor to: Mistletoe 1/2 Marathon, 36 North Triathlon, Kids for Kids Triathlon, Hospice Hope Run, Mission 5K, Turkey Strut 5K, and many others. I serve of the board of the William G. White YMCA and founded Mission: Feet First, a non-profit organization that provides running shoes to at-risk communities throughout Winston-Salem. I am deeply committed to helping Winston-Salem become a more active and safe community.

List two professional references below:

1. Name: Joey Pointer _____ Daytime Telephone: (919) 942-3102 _____
Address: 310 E Main Street, Carrboro, NC 27510 _____
Relationship: CEO, Fleet Feet, Incorporated _____

2. Name: Brent Waddell, SVP and Market President BB&T (Truist) Daytime Telephone: (336) 733-2000
Address: 110 South Stratford Road, Winston-Salem, NC 27104 _____
Relationship: Former manager, BB&T _____

AFFIRMATION OF ELIGIBILITY

Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction? Yes 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 No

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.

Signature of Applicant: _____

[Handwritten Signature]

Date: 2/3/2020

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

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