



City of Winston-Salem
Winston-Salem Public Assembly Facilities Commission
Citizen Application for
Dixie Classic Fair Planning Committee



Date: _____

Name: _____ Race: _____

Gender: Male or Female Birth date: _____ E-mail _____

Home Phone: _____ Daytime Phone: _____ Fax: _____

Full Home Address: _____

Do you live within the City Limits of Winston-Salem? (check one) Yes ___ No ___

Do you live within the County of Forsyth? (check one) Yes ___ No ___

If you live outside Forsyth County, what county do you live in? _____

Current Occupation/Title: _____

Employer/Business Name: _____

Full Business Address: _____

Supervisor Name: _____ Telephone: (____) _____

Education: High School [] College [] Graduate School [] Other [] _____

Degree/Subject of Study: _____

School Name/Years Attended: _____

List the Board or Commission you currently serve, if any, and your term expiration date:

Why are you interested in serving on the Dixie Classic Fair Planning Committee?

PLEASE SUBMIT YOUR RESUME.

CONTINUED ON NEXT PAGE >

Interest/Skills/Areas of Expertise/Professional Organizations:

List two personal references below:

Name: _____ Daytime Telephone: _____

Address: _____ Relationship: _____

Name: _____ Daytime Telephone: _____

Address: _____ Relationship: _____

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 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 the Dixie Classic Fair Planning Committee? 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: _____

Date: _____

RETURN COMPLETED FORM TO:

Department of Public Assembly Facilities, c/o Alicia Clinton
P.O. Box 68, Winston-Salem, NC 27102

Telephone: 336-727-8474 / Fax: 336-747-9213 / E-mail aclinton@ljvm.com