



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:

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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:

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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:

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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](mailto:aclinton@ljvm.com)