



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

CITIZEN APPLICATION FOR ADVISORY  
BOARDS AND COMMISSIONS

Date: 6/7/19  
Last Name: Penn First Name: Jane Middle Initial: D  
Gender:  Male  Female Race: A.A Birthdate: 8/1/51  
Email: JPdights@yahoo.com Home Phone: 336 7886734  
Daytime Phone: 336 813 3616 Cell Phone: \_\_\_\_\_  
Home Address: 2744 Leonard St.  
Live in Winston-Salem City Limits?  Yes  No Live in Forsyth County?  Yes  No  
Are you a graduate of City of Winston-Salem University?  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: Bachelor's / Communication Degree  
School Name/Years Attended: Salem College Heritage Action

Applying for Board/Commission (enter one): African American Initiative Comm  
Why are you interested in serving on that Board/Commission? Enjoy working in the community

What Board or Commission are you currently serving (if applicable)? \_\_\_\_\_  
Term Expiration Date: \_\_\_\_\_

Are you willing to serve on any other Board/Commission?  Yes  No  
If yes, please list: \_\_\_\_\_

Are you interested in serving in any other community volunteer activities?  Yes  No  
If yes, please list: \_\_\_\_\_

Interests/Skills/Areas of Expertise/Professional Organizations: Enjoy Writing & Creating  
Love researching History, working in the community of  
Community Development of people

List two professional references below:

1. Name: Ann Jenkins Daytime Telephone: 336 924 1774

Address: \_\_\_\_\_

Relationship: Friend

2. Name: Willie Mason Daytime Telephone: 336 451 4756

Address: \_\_\_\_\_

Relationship: Friend

### 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: June Pen Date: 6/7/19

### 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: [MayorsOffice@CityofWS.org](mailto: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.