## Citizen Board and Commission Application

First Name & Middle Initial	Lynette
Last Name	Addison
Gender	Female
Race	Black
Birthdate	8/5/1969
Email	Lynette.addison@icloud.com
Phone	3369992618
Additional Phone	Field not completed.
Address	2421 Stockton Street
City	WINSTON SALEM
State	North Carolina
Zip Code	27127
Do you live in Winston- Salem City limits?	Yes
Do you live in Forsyth County?	Yes
Are you a graduate of the City of Winston-Salem University?	No

(Section Break)

Education	College
School Name/Years Attended	Salem College
Degree & Subject of Study	Religious Studies and Applied Sociology
Current Employer Name	Field not completed.
Job Title	Field not completed.
	(Section Break)
Applying for Board/Commission ( Enter One):	African American Heritage Initiative
What Board or Commission are you currently serving?	None
Why are you interested in serving on that Board/Commission?	I have always had an interest in African American history in Winston a focused several of my papers around that. I also am involved with NFP's that focus on the Black and Brown communities regardless to their zip code.
Are you willing to serve on any other Board/Commission?	Yes
Please List	Parks and Rec or Urban Food
Are you interested in serving in any other	Yes

community volunteer activities?

Please List	The same as listed. I volunteer with Our Opportunity 2 Love + Heal
Interests/Skills/Areas of	I have worked in food pantries, helped grow the garden at
Expertise/Professional	Simon's Garden as well as taken Reiki training and graduated
Organizations	from Providence Culinary School

(Section Break)

## List Two Professional References

First Name	Melissa
Last Name	Giles
Address	8309 Tuscany Drive
City	Lewisville
State	North Carolina
Zip Code	27127
Phone	3367233433
Relationship	Former employer
	(Section Break)
First Name	Teneal
Last Name	Mcmahan

3004 Myra Drive
WINSTON SALEM
North Carolina
27105
3367233433
13366181154
(Section Break)
No

I understand this application is public record, and I certify 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 any misstatement or conduct will be cause for my removal from any board or commission.

Signature

Lynette addison

Date

7/8/2024

Return Completed Form Mayor's Office P.O. Box 2511 Winston- Salem, NC 27102 Phone: 336-727-2058 Fax: 336-748-3241 Email the Mayor's Office

Please include your resume when submitting your application.

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