



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

June 2018
LMM

**CITIZEN APPLICATION FOR ADVISORY
BOARDS AND COMMISSIONS**

Date: 5/02/18

Last Name: **Lawson-Jackson, Jeanette**

Gender: Male Female Race: White Birthdate: 05/05/1947

Email: jlawsonjackson513@gmail.com

Home Phone: 336-765-9498 Cell Phone: 336-575-1208

Home Address: **172 Sterling Point Court, W-S, NC 27104-3592**

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 High School Teacher from WSFCS; Currently serve as a Community Volunteer and Advocate for Persons with Disabilities**

Employer/Business Name: _____

Business Address (with zip code): _____

Supervisor's Name: _____

Education: High School College Graduate School Other: _____

Degree and Subject of Study: **BS in Elementary Education; NC High School Teacher Certification**

School Name/Years Attended: **Appalachian State University 1965-1969; WSSU 1984-1985**

Applying for Board/Commission (enter one): **Winston-Salem Transit Authority**

Why are you interested in serving on that Board/Commission? To represent residents of Winston-Salem and their desire to have accessible, reliable, affordable means of public transportation.

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: **HUMAN RELATIONS or where I can make a difference.**

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

If yes, please list: _____

Interests/Skills/Areas of Expertise/Professional Organizations:

- Former President of NC Citizens for International Understanding (local chapter)
- Former President of Friendship Force International (local chapter)
- Former Officer in Delta Kappa Gamma Education Sorority- Zeta Chapter

Former Vice-President & President Winston-Salem Mayor’s Council for Persons with Disabilities

- Former President Board of Directors of Polo Oaks Homeowners Association
- Public Speaker
- Served as LE to United Way
- Board Member of The Adaptables, Inc.
- Leadership Winston-Salem – Class of 1996
- Served as Sunday School Director & Teacher, Chaired numerous committees, Deacon, and Chair of Deacons at Northwest Baptist Church
- Appointed by two governors to serve on NC State Independent Living Council
- Current NC LIAISON FOR GUILLAIN BARRE/CIDP INTERNATIONAL FOUNDATION; Began local GBS/CIDP support group 1992
- Current President Board of Directors of Sterling Point Homeowners Association
- Current Treasurer of WS Mayor’s Council for Persons with Disabilities
- Current Sunday School Teacher and Chair of Personnel Committee – Northwest Baptist Church
- Current serve as volunteer with Board of Elections – Chief Judge of Precinct 123

List two professional references below:

1. Name: Mark Steele Daytime Telephone: 336- 774-7060
 Address: 7744 North Point Blvd, WS, NC 27106
 Relationship: Executive Director of The Adaptables, Inc. Center for Independent Living
2. Name: Rev Dr. Ellen Strickland Daytime Telephone: 336-765-6754
 Address: 407 Petree Road, WS, NC 27106
 Relationship: Community Minister

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: *Jeanette Lawson-Jackson*

Date: 5-3-18

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.