# Citizen Board and Commission Application

First Name & Middle Initial	Hatasha Ann
Last Name	Carter
Gender	Female
Race	Black
Birthdate	5/16/1989
Email	Hatashac@gmail.com
Phone	5402564572
Additional Phone	Field not completed.
Address	2015 Leight St
City	Winston Salem
State	NC
Zip Code	27107
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	High School	
School Name/Years Attended	Field not completed.	
Degree & Subject of Study	Field not completed.	
	(Section Break)	
Applying for Board/Commission ( Enter One):	Citizens Police Review Committee	
What Board or Commission are you currently serving?	None	
Why are you interested in serving on that Board/Commission?	We need more people like myself on this review board.	
Are you willing to serve on any other Board/Commission?	Yes	
Please List	Strong women leaders, Urban food development	
Are you interested in serving in any other community volunteer activities?	No	
Interests/Skills/Areas of Expertise/Professional	Field not completed.	

## Organizations

List Two Professional Ref	(Section Break) erences
List Two Professional Ref	erences
First Name	Ayo
Last Name	Powell
Address	Field not completed.
City	Winston-Salem
State	NC
Zip Code	Field not completed.
Phone	(347) 984-5289
Relationship	Professional
	(Section Break)
First Name	Sarah
Last Name	Hines
Address	Field not completed.
City	Winston-Salem
State	NC
Zip Code	Field not completed.

Re	lations	hıp

#### Professional

(Section Break)

## Affirmation of Eligibility

Has any formal charge of professional misconduct, criminal misdemeanor, or felony ever been filed against you in any jurisdiction?

No

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?

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	Hatasha Carter
Date	7/3/2020

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.