

## Citizen Board and Commission Application

First Name & Middle  
Initial Jacinta

Last Name Shaw

Gender Femal

Race African-American

Birthdate 11/7/1981

Email [jacinta\\_shaw@att.net](mailto:jacinta_shaw@att.net)

Phone 414-627-7552

Additional Phone *Field not completed.*

Address 167 Charlestowne Cir

City Winston-Salem

State NC

Zip Code 27103

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 | University of Wisconsin-Milwaukee / 5 |
| Degree & Subject of Study  | Business / Operational Management     |
| Current Employer Name      | AmeriHealth Caritas North Carolina    |
| Job Title                  | Oversight Support Specialist          |

(Section Break)

|   |  |
|---|--|
| Applying for Board/Commission (Enter One):                  | Recreation & Parks Commission  |
| What Board or Commission are you currently serving?         | N/A  |
| Why are you interested in serving on that Board/Commission? | <p>I have a passion for getting people out into the outside. Learning something new, to exercise, to live. I have 10 plus year experience organizing events, and bring communities together.</p> <p>Experienced Program Analyst with a strong background in healthcare operations, data analysis, project management, and quality improvement. Skilled in leading cross-functional teams to improve operational management, business outcomes, and organizational effectiveness. Adept at analyzing complex data and metrics to identify trends and areas for improvement. Proven track record in developing and implementing strategic plans, quality improvement programs, and regulatory compliance initiatives. Excellent communication, collaboration, and problem-solving skills with a demonstrated ability to work</p> |

effectively with diverse stakeholders, including medical/business professionals, administrators, clients, and government officials. Ready to leverage my skills and experience to drive positive change and deliver results in a dynamic healthcare environment.

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Are you willing to serve on any other Board/Commission?

Yes

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Please List

Citizens' Capital Needs Committee, Technical Advisory & Project Review Committee

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Are you interested in serving in any other community volunteer activities?

Yes

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Please List

*Field not completed.*

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Interests/Skills/Areas of Expertise/Professional Organizations

*Field not completed.*

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(Section Break)

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## List Two Professional References

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First Name

Barbara

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Last Name

Markoff

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Address

[Barbaramarkoff@gmail.com](mailto:Barbaramarkoff@gmail.com)

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City

*Field not completed.*

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State

*Field not completed.*

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|          |                      |
|----------|----------------------|
| Zip Code | Field not completed. |
|----------|----------------------|

|       |              |
|-------|--------------|
| Phone | 414-379-2980 |
|-------|--------------|

|              |                             |
|--------------|-----------------------------|
| Relationship | Friend and former colleague |
|--------------|-----------------------------|

(Section Break)

|            |       |
|------------|-------|
| First Name | Kelly |
|------------|-------|

|           |        |
|-----------|--------|
| Last Name | Wilson |
|-----------|--------|

|         |                           |
|---------|---------------------------|
| Address | 8041 Arco Corporate Drive |
|---------|---------------------------|

|      |         |
|------|---------|
| City | Raleigh |
|------|---------|

|       |    |
|-------|----|
| State | NC |
|-------|----|

|          |       |
|----------|-------|
| Zip Code | 27617 |
|----------|-------|

|       |              |
|-------|--------------|
| Phone | 919-704-6199 |
|-------|--------------|

|              |                             |
|--------------|-----------------------------|
| Relationship | Friend and former colleague |
|--------------|-----------------------------|

(Section Break)

#### Affirmation of Eligibility

|   |    |
|---|----|
| 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 | No |
|---|----|

Board/Commission?

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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.

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Signature

Jacinta Shaw

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Date

7/19/2023

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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.*

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

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