

## Citizen Board and Commission Application

First Name & Middle Initial Jason S

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Last Name McKinney

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Gender M

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Race Multi Racial

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Birthdate *Field not completed.*

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Email [jsm424@gmail.com](mailto:jsm424@gmail.com)

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Phone 3364160466

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Additional Phone *Field not completed.*

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Address 1507 Sharon Rd

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City Winston Salem

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State NC

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Zip Code 27103

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Do you live in Winston-Salem City limits? Yes

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Do you live in Forsyth County? Yes

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Are you a graduate of the City of Winston-Salem University? No

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(Section Break)

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Education	College
School Name/Years Attended	UNCSA 96-11
Degree & Subject of Study	BM vocal performance
Current Employer Name	Temple Emanuel Winston Salem
Job Title	Cantorial Soloist

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Applying for Board/Commission (Enter One):	Human Relations
What Board or Commission are you currently serving?	<i>Field not completed.</i>
Why are you interested in serving on that Board/Commission?	Believe in harmonious relations between people
Are you willing to serve on any other Board/Commission?	No
Are you interested in serving in any other community volunteer activities?	No

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Interests/Skills/Areas of Expertise/Professional Organizations *Field not completed.*

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List Two Professional References

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First Name Chris

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Last Name Bagley

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Address 7 Burkedale Ct

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City Browns summit

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State NC

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Zip Code 27214

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Phone 919-939-6348

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Relationship Business partner

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(Section Break)

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First Name John

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Last Name Stewart

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Address 857 knollwood st

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City Winston salem

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State Nc

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Zip Code 27103

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Phone 336-7653521

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Relationship Choir member

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### Affirmation of Eligibility

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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

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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 *Field not completed.*

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Date *Field not completed.*

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

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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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