Citizen Board and Commission Application

First Name & Middle Initial	Jaquae A.
Last Name	Perkins
Gender	F
Race	Original
Birthdate	11/23/1991
Email	anakhaanet@gmail.com
Phone	3367647099
Additional Phone	Field not completed.
Address	1702 E 1st St
City	Winston Salem
State	North Carolina
Zip Code	27101
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?	Yes

What year	did	you
graduate?		

(Section Break)	
Education	High School
School Name/Years Attended	Reagan High/North Forsyth - 4 years / 4 mo
Degree & Subject of Study	Field not completed.
Current Employer Name	NC Black Alliance/Advance NC
Job Title	Forsyth County Lead
	(Section Break)
Applying for Board/Commission (Enter One):	Zoning Board of Adjustment
What Board or Commission are you currently serving?	N/A
Why are you interested in serving on that Board/Commission?	I am interested in serving on the zoning board of adjustment to learn more about the processes that govern individual and general property rights for more safer, and healthy communities.
Are you willing to serve on any other Board/Commission?	No
Are you interested in	No

serving in any other community volunteer activities?

Interests/Skills/Areas of
Expertise/Professional
Organizations

Field not completed.

(Section Brea	IK.

(Section Break)	
List Two Professional References	
First Name	Hazel
Last Name	Mack
Address	414 N Laura Wall Blvd
City	Winston-Salem
State	NC
Zip Code	27101
Phone	336-655-5767
Relationship	Professional
	(Section Break)
First Name	Marcus
Last Name	Hill
Address	1810 S. Main Street

City	Winston-Salem
State	NC
Zip Code	27101
Phone	3364068765
Relationship	Professional
	(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 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	Jaquae Perkins
Date	7/1/2024

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.