

Citizen Board and Commission Application

First Name & Middle Initial Jason S

Last Name McKinney

Gender M

Race Multi Racial

Birthdate *Field not completed.*

Email jsm424@gmail.com

Phone 3364160466

Additional Phone *Field not completed.*

Address 1507 Sharon Rd

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	UNCSA 96-11
Degree & Subject of Study	BM vocal performance
Current Employer Name	Temple Emanuel Winston Salem
Job Title	Cantorial Soloist

(Section Break)

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

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

(Section Break)

List Two Professional References

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)

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

Phone 336-7653521

Relationship Choir member

(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 *Field not completed.*

Date *Field not completed.*

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.
