

City of Asheville
BOARDS & COMMISSIONS
Application Form

Applicants are strongly urged to attend several meetings of a board prior to applying

Name of board or commission: Human Relations Commissions

Your name: Alma G. Atkins Home Phone #: 828-676-8956

Street address: 207 Rock hill Road City: Asheville Zip Code: 28803

Mailing address (if different): _____

Employer: Disabled. I have worked for Buncombe County and Project Lighten Up, and serve on the SCA

Your position: Maternity Care, DSS, PLU Board Member Office Phone #: _____

Resident of City Yes County Yes Race AA * Gender Identity: (non-trans) woman *

Are you a Homeowner or a Renter? * Homeowner Age: _____

Residence location (check one): Central _____ North _____ South ☒ East _____ West _____

Are you aware of any potential conflicts of interest that may arise during your service on this board (i.e., property interest, business interest, etc.)? If so, please explain: No
_____. Potential conflicts of interest do not preclude appointments.

Please indicate the area(s) of expertise that you can bring to the above board(s), and then in detail list education, experience, reasons for your interest, and other factors that support your interest in serving **Applicants are encouraged to provide a cover letter and/or a brief resume. Please use additional sheets if necessary.**

Alma Atkins
My heart and specialty are working with individuals
that are looking for a change.
207 Rock Hill Road
Asheville NC 28803
(828)676-8956
aatkins.pcm@gmail.com
EXPERIENCE
Minority Health Equity Coordinator
Buncombe County Health and Human Services
Grant Monitoring
Pregnancy Care Manager
Buncombe County Health and Human Services
Case Management
Family Life Counselor
YWCA
Youth and Family Counselor
Treatment Case Manager
Buncombe County Department of Social

Return to:

City Clerk's Office
PO Box 7148
Asheville, NC 28802-7148

Email: boards@ashevillenc.gov
Telephone: 259-5839
Fax #: 259-5499

Signature: 
eSigned via SeamlessDocs.com
Key: df7e721a8fe98f4d2aa1f402f0fc5878

Date: 06/06/2022

E-Mail: aatkins.pcm@gmail.com

Fax #: _____

* This information is requested for the sole purpose of assuring that a cross section of the community is appointed.