

# Domestic Violence Advisory Board

## Applicants At-A-Glance

**Two (2) Three-year terms expiring April 30, 2027**

<b>Name</b>	<b>District</b>	<b>Gender</b>	<b>Ethnicity</b>
Davis, Frances	3	Female	African American
Robinson, Jacqlin	2	Female	African American

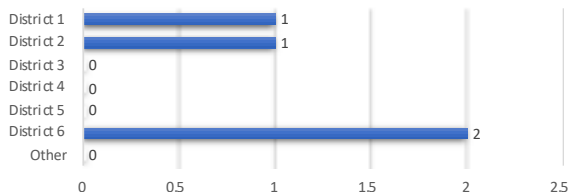
# DOMESTIC VIOLENCE ADVISORY BOARD DEMOGRAPHICS

## Districts

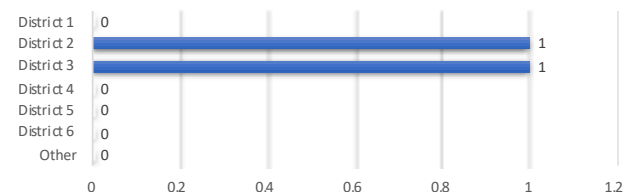
	Members	Applicants
District 1	1	0
District 2	1	1
District 3	0	1
District 4	0	0
District 5	0	0
District 6	2	0
Other	0	0
<b>Total</b>	<b>4</b>	<b>2</b>

### BOCC Members Only

Members by District



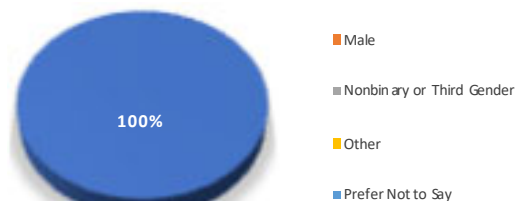
Applicant by District



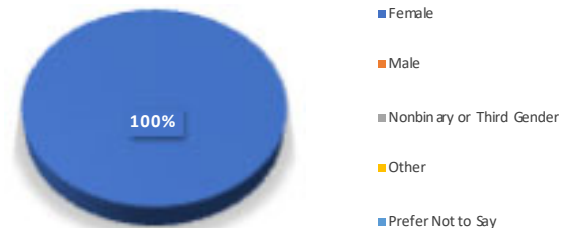
## Gender

	Members	Applicants
Female	4	2
Male	0	0
Nonbinary or Third Gender	0	0
Other	0	0
Prefer Not to Say	0	0
<b>Total</b>	<b>4</b>	<b>2</b>

Members by Gender



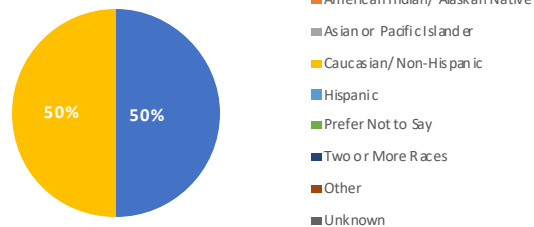
Applicant by Gender



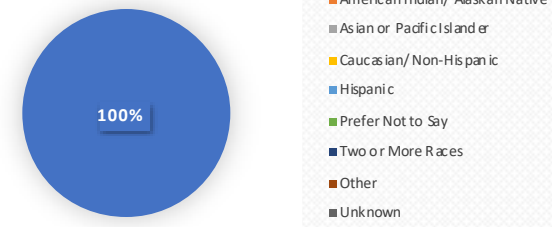
## Ethnicity

	Members	Applicants
African-American	2	2
American Indian/ Alaskan Native	0	0
Asian or Pacific Islander	0	0
Caucasian/ Non-Hispanic	2	0
Hispanic	0	0
Prefer Not to Say	0	0
Two or More Races	0	0
Other	0	0
Unknown	0	0
<b>Total</b>	<b>4</b>	<b>2</b>

Members by Ethnicity



Applicant by Ethnicity



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**Statement to Applicants**

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**Profile****Which Boards would you like to apply for?**

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Domestic Violence Advisory Board: Submitted

Frances

First Name

E

Middle  
Initial

Davis

Last Name

**What other names have you used? (includes, legal names, aliases, maiden names or professional monikers) NOTE: If none, please note N/A**

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N/A

davisfe60@gmail.com

Email Address

4427 looking glass lane

Home Address

Charlotte

City

NC

State

28269

Postal Code

Mobile: (704) 351-9073

Primary Phone

Alternate Phone

**What Mecklenburg County District do you live in? Please verify below. \***

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 3**How long have you been a resident of Mecklenburg County? Please include months, or years.**

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25 years

**My age range is (please select one): \***

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 Over 55**Ethnicity \***

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 African American**Gender \***

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 Female

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**Interests & Experiences**

## Education

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Bachelor Information Technology MBA

Retired

Employer

IT Service Desk Manager

Occupation

## Business and civic experience

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Volunteered with Hands on Charlotte

## Area of expertise and interests/skills

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IT is my specialty, being of service is in my heart, DV is something I have a passion for

## Additional Comments

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I feel it is a necessity to have someone that has been through this process and understands how important it is to have these services

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## Additional Information

**If you are or have ever served on a Mecklenburg County board/commission, please answer yes or no. If yes, please disclose the Board and term-end date.**

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No

## Why are you interested in serving on the board(s) to which you are applying?

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I want to give back and this is an area that I have experience in. I have been on the other side of the table

## Have you attended a meeting of the advisory board(s) to which you are applying?

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Yes  No

## Hours Per Month Available for Position

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12

## How did you learn of the vacancy? \*

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Other

## If you answered other - Where did you learn of this vacancy?

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Applying for when the vacancy becomes available

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## Disclosure

**Are you a Mecklenburg County resident?**

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Yes  No

**Are you a current Mecklenburg County employee? (Mecklenburg County employees are prohibited from serving on any board where appointments are made by the Board of Commissioners. If you are a current, county employee who is to serve in an ex-officio and/or non-voting capacity on any board when required by law, please email clerk@mecknc.gov before submitting an application.)**

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Yes  No

**Are you a current vendor with Mecklenburg County?**

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Yes  No

**• Do you have any personal or business interest that could create a conflict (either real or perceived) if appointed? If yes, please explain the conflict.**

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Yes  No

#### **Disclaimer**

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**I, hereby, authorize Mecklenburg County to verify all information included in this application. I certify that I have read the appointment policy and that the information contained in this application is true according to the best of my knowledge and belief. I certify that I am providing my legal name and address in which I reside. I understand that inaccurate or untrue information will be cause for removal from any appointed advisory board. By submitting this application, I agree to adhere to all County policies pertaining to advisory boards, including attendance. I understand if I do not achieve 65% annual attendance, I will be automatically removed from the board or commission to which I am appointed. I understand that this application is subject to the N.C. Public Records Law (NCGS § 132-1) and may be released upon request.**

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I Agree

**Signature of Applicant (Sign Your Legal Name):**

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Frances E. Davis has

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#### **Board Specific Questions**

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**Statement to Applicants**

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**Profile****Which Boards would you like to apply for?**

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Domestic Violence Advisory Board: Submitted

Jacqlin

First Name

V

Middle  
Initial

Robinson

Last Name

**What other names have you used? (includes, legal names, aliases, maiden names or professional monikers) NOTE: If none, please note N/A**

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Jaci

jacirob78@gmail.com

Email Address

1413 n hoskins rd

Home Address

Charlotte

City

NC

State

28216

Postal Code

Mobile: (980) 428-0649

Primary Phone

Home: (704) 399-8201

Alternate Phone

**What Mecklenburg County District do you live in? Please verify below. \***

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 2**How long have you been a resident of Mecklenburg County? Please include months, or years.**

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Over 50 yrs

**My age range is (please select one): \***

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 Over 55**Ethnicity \***

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 African American**Gender \***

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 Female

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**Interests & Experiences**

Jacqlin V Robinson

## Education

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Bs marketing, Associate degree, in early childhood

Self  
Employer

Club owner  
Occupation

## Business and civic experience

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I do a lot of volunteering, since I have been 18 yrs old.

## Area of expertise and interests/skills

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Seniors, children, domestic violence, expungements, community relations committee,

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## Additional Information

**If you are or have ever served on a Mecklenburg County board/commission, please answer yes or no. If yes, please disclose the Board and term-end date.**

Yes

**Why are you interested in serving on the board(s) to which you are applying?**

I love helping my community.

**Have you attended a meeting of the advisory board(s) to which you are applying?**

Yes  No

**Hours Per Month Available for Position**

Opened

**How did you learn of the vacancy? \***

NotifyMe Email

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## Disclosure

**Are you a Mecklenburg County resident?**

Yes  No

**Are you a current Mecklenburg County employee? (Mecklenburg County employees are prohibited from serving on any board where appointments are made by the Board of Commissioners. If you are a current, county employee who is to serve in an ex-officio and/or non-voting capacity on any board when required by law, please email clerk@mecknc.gov before submitting an application.)**

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Yes  No

**Are you a current vendor with Mecklenburg County?**

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Yes  No

**• Do you have any personal or business interest that could create a conflict (either real or perceived) if appointed? If yes, please explain the conflict.**

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Yes  No

### **Disclaimer**

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**I, hereby, authorize Mecklenburg County to verify all information included in this application. I certify that I have read the appointment policy and that the information contained in this application is true according to the best of my knowledge and belief. I certify that I am providing my legal name and address in which I reside. I understand that inaccurate or untrue information will be cause for removal from any appointed advisory board. By submitting this application, I agree to adhere to all County policies pertaining to advisory boards, including attendance. I understand if I do not achieve 65% annual attendance, I will be automatically removed from the board or commission to which I am appointed. I understand that this application is subject to the N.C. Public Records Law (NCGS § 132-1) and may be released upon request.**

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I Agree

**Signature of Applicant (Sign Your Legal Name):**

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Jacqlin V. Robinson

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### **Board Specific Questions**



Mecklenburg County, NC

# Domestic Violence Advisory Board

## Board Details

To periodically review and evaluate all Charlotte and Mecklenburg County domestic violence services, and make appropriate recommendations to Charlotte City Council and the Board of County Commissioners to identify gaps, or need for additional services to meet the needs of victims of domestic violence and their children. To provide vigorous advocacy for domestic violence victims and play a role in increasing public awareness and education as to the problems of domestic violence and its related costs to victims and the community.

## Overview

- **Size** 12 Seats
- **Term Length** 3 Year
- **Term Limit** 2 Terms

## Contact

- **Name** Elyse Hamilton-Childres & Tanya Hughes
- **Phone** (704) 617-3492

## Additional

**Qualifications**

Must be a resident of Mecklenburg County.

**Advisory Board Details**

Appointments are also made by Charlotte City Council (4 appointments) and the Mayor (2 appointments).

**Meeting Dates/Times**

Monthly - 2nd Monday at 6:15 p.m.

**Meeting Location**

Valerie C. Woodard Center - Ste. 4000 3205 Freedom Drive Charlotte, NC 28208

**Time Commitment**

3 hours per month

**Stipend**

No

**Special Notes****Job Description**

# Domestic Violence Advisory Board

## Board Roster

### Annmarie Benefield

**1st Term** Apr 02, 2024 - Apr 30, 2027

**Email** abenefield@tula-health.com

**Home Phone** Mobile: (910) 616-2142

**Address**

9033 Bishop Crest Ln  
Charlotte, NY 28277

**Appointing Authority** BOCC

### Tashara M Brown

**1st Term** Oct 03, 2023 - Apr 30, 2027

**Email** tashara912@gmail.com

**Home Phone** Home: (980) 309-3799

**Address**

3313 Braden Drive  
Charlotte, NC 28216

**Appointing Authority** BOCC

### Heber Diez

**Partial Term** Oct 19, 2023 - Sep 22, 2025

**Email** heber.l.diez@gmail.com

**Home Phone** : (980) 264-9395

No Recruitment

**Appointing Authority** CITY COUNCIL

### Deandra K Hall

**1st Term** Jan 18, 2023 - Apr 30, 2027

**Email** deandraringo@gmail.com

**Home Phone** Mobile: (704) 654-8084

**Address**

10305 Plum Creek Ln.  
Apt B  
Charlotte, NC 28210

**Appointing Authority** BOCC

### Christine Hart

**2nd Term** Sep 22, 2021 - Sep 21, 2024

**Email** mailto:christinehartesq@gmail.com

**Home Phone** :

**Address**

125 Remount Road  
C1 Suite 426  
Charlotte, NC 28203

**Appointing Authority** City Council

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□ **Tanisha Patterson-Powe**

**2nd Term** Sep 10, 2018 - Sep 21, 2026

**Email** 437@noemail.com

**Appointing Authority** CITY COUNCIL

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□ **Ashley L Wiley**

**1st Term** Jan 18, 2023 - Apr 30, 2027

**Email** a5hwil@yahoo.com

**Appointing Authority** BOCC

**Home Phone** Mobile: (704) 728-1597

**Address**

12435 Treasure Cove  
Huntersville, NC 28078

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□ **Vacancy**

No Recruitment

**Appointing Authority** City Council

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□ **Vacancy**

No Recruitment

**Appointing Authority** MAYOR

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□ **Vacancy**

No Recruitment

**Appointing Authority** MAYOR

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□ **Vacancy**

**Appointing Authority** BOCC

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□ **Vacancy**

**Appointing Authority** BOCC

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