



CITY OF WINSTON-SALEM
OFFICE OF THE MAYOR - ALLEN JOINES

CITIZEN APPLICATION FOR ADVISORY
BOARDS AND COMMISSIONS

Date: 6/16/2022

Last Name: GRAY First Name: LYONS Middle Initial: -

Gender: Male Female Race: W Birthdate: 10/28/1942

Email: Lgray42@gmail.com Home Phone: 336-765-1800

Daytime Phone: _____ Cell Phone: 336-918-8504

Home Address: 2005. PINE VALLEY Rd.; WINSTON-SALEM NC 27104

Live in Winston-Salem City Limits? Yes No Live in Forsyth County? Yes No

Are you a graduate of City of Winston-Salem University? Yes No Year _____

Current Occupation/Title: RETIRED

Employer/Business Name: _____

Business Address (with zip code): _____

Supervisor's Name: _____

Education: High School College Graduate School Other: _____

Degree and Subject of Study: Political Science

School Name/Years Attended: UNC Chapel Hill 1962-67

Applying for Board/Commission (enter one): CITY/COUNTY UTILITIES COMMISSION

Why are you interested in serving on that Board/Commission? TO ENSURE CLEAN AND RELIABLE SERVICES.

What Board or Commission are you currently serving (if applicable)? N/A

Term Expiration Date: _____

Are you willing to serve on any other Board/Commission? Yes No

If yes, please list: _____

Are you interested in serving in any other community volunteer activities? Yes No

If yes, please list: _____

Interests/Skills/Areas of Expertise/Professional Organizations: TO ASSIST IN MAKING OUR COUNTY AND CITY A DESIRED PLACE TO LIVE.

List two professional references below:

1. Name: FRANCES NEWMAN Daytime Telephone: 336.722.6075
Address: 852 WESTOVER AVE. WINSTON-SALEM NC 27104
Relationship: CLINICAL SOCIAL WORKER
2. Name: DANIEL TAYLOR Daytime Telephone: 336.646.3484
Address: 700 ARBOR RD. WINSTON-SALEM NC 27104
Relationship: ATTORNEY

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? Yes No

If yes, explain. _____

I understand this application is public record, and I certify that 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 that any misstatement or conduct will be cause for my removal from any board or commission.

Signature of Applicant: _____

Date: _____

PLEASE ATTACH RESUME

RETURN COMPLETED FORM TO:

Mayor's Office, P.O. Box 2511, Winston-Salem, NC 27102

Website: <http://www.CityofWS.org/Government/PublicMeetings>

Email: MayorsOffice@CityofWS.org Fax: 336-748-3241 Telephone: 336-727-2058

Note: Applications will be kept on file for two years from the date of application.