



CITY OF WINSTON-SALEM
 OFFICE OF THE MAYOR - ALLEN JOINES
 CITIZEN APPLICATION FOR ADVISORY
 BOARDS AND COMMISSIONS

Date: 3-11-11
 Last Name: L. R. R., Jr. First Name: L. GLENN Middle Initial: G
 Gender: Male Female Race: Caucasian Birthdate: 4/28/40
 Email: G.Drr@TheDwGroup.com Home Phone: 1-336-712-8454
 Daytime Phone: 1-336-775-7898 Cell Phone: 1-336-775-7898
 Home Address: 2735 Forest Ave
 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: NA
 Business Address (with zip code): NA
 Supervisor's Name: NA

Education: High School College Graduate School Other: _____
 Degree and Subject of Study: Master in Business Administration
 School Name/Years Attended: USC - 1962-1964

Applying for Board/Commission (enter one): Bond Oversight Committee
 Why are you interested in serving on that Board/Commission? Request of Mayor

What Board or Commission are you currently serving (if applicable)? None
 Term Expiration Date: None

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: Finance

List two professional references below:

1. Name: Mr. Kelly King Daytime Telephone: _____
Address: BBT-1st Street
Relationship: Friend
2. Name: Mr. Frank Kirk Daytime Telephone: 1-336-727-1927
Address: Forest Ave
Relationship: Friend
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AFFIRMATION OF ELIGIBILITY

Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction? Yes No

If yes, explain complete disposition. _____

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: [Signature] Date: 3-11-17

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.