Profile

Public Records Law Statement: Please be advised that this application and attachments submitted sent to and from Guilford County is subject to the NC Public Records Law and may be disclosed to third parties.

Confidentiality Statement: If appointed, please indicate to the Clerk's Office your preferred phone number and/or email you select to be shared to public.

Madonna
First Name

Middle Initial

Greer
Last Name

[redacted]
Email Address

[redacted]
Street Address

Suite or Apt

[redacted]
City

[redacted]
State

[redacted]
Postal Code

[redacted]
Primary Phone

Alternate Phone

Campbell-Greer Consulting, LLC
Employer

Owner
Job Title

Which Boards would you like to apply for?

Guilford County Behavioral Health Center Oversight Board: Submitted

County Commissioner District *

☑ District 3

Interests & Experiences

Why are you interested in serving on a board or commission?

I am interested in continuing to serve on the Guilford County Behavioral Health Oversight Board because I remain committed to improving access to quality behavioral health services and strengthening our local crisis response system. Having previously served on the Board, I value the opportunity to contribute my experience, community partnerships, and knowledge of behavioral health systems to support ongoing planning, oversight, and collaboration that benefits Guilford County residents.

Madonna_Greer__3_.pdf
Upload a Resume

Demographics

Ethnicity

- [x] Caucasian/Non-Hispanic

Gender

- [x] Female

[redacted]

Date of Birth

Madonna Greer