

**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.

Rebecca \_\_\_\_\_ H \_\_\_\_\_ Schlosser \_\_\_\_\_  
First Name Middle Initial Last Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Street Address Suite or Apt

\_\_\_\_\_  
City State Postal Code

\_\_\_\_\_  
Primary Phone Alternate Phone

Community volunteer non-profit fund raising  
Employer Job Title

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

Guilford County Behavioral Health Center Oversight Board: Submitted

**County Commissioner District \***

District 5

**Interests & Experiences**

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

\_\_\_\_\_  
Upload a Resume

**Demographics**

**Ethnicity**

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Caucasian/Non-Hispanic

**Gender**

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Female

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Date of Birth