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.

Shela (First Name) | A (Middle Initial) | Williams-Stacey (Last Name)

[redacted] (Email Address)

[redacted] (Street Address) | (Suite or Apt)

[redacted] (City) | [redacted] (State) | [redacted] (Postal Code)

[redacted] (Primary Phone) | (Alternate Phone)

Integrated Family Services (Employer) | Mobile Crisis Regional Director (Job Title)

Which Boards would you like to apply for?

Guilford County Behavioral Health Center Oversight Board: Submitted

County Commissioner District *

☑ District 1

Interests & Experiences

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

I have over 3 decades of experience providing Mental Health Services. As both a resident of Guilford County and a person who provides mental health services in the county, I would like to be able to have a voice in the decisions being made regarding mental health services in the County.

Shela_Williams-Stacey_Resume.doc
Upload a Resume

Demographics

Ethnicity

☑ Prefer not to Answer

Gender

☑ Female

[redacted]

Date of Birth