

**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.

James (Jim) \_\_\_\_\_ L \_\_\_\_\_ Albright \_\_\_\_\_  
First Name Middle Initial Last Name

jalbrig@guilford-es.com \_\_\_\_\_  
Email Address

1002 Meadowood St \_\_\_\_\_ Suite or Apt \_\_\_\_\_  
Street Address

Greensboro \_\_\_\_\_ NC 27409 \_\_\_\_\_  
City State Postal Code

Home: (336) 641-7565 \_\_\_\_\_ Mobile: (336) 451-6721 \_\_\_\_\_  
Primary Phone Alternate Phone

Guilford County \_\_\_\_\_ Emergency Services Director \_\_\_\_\_  
Employer 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?**

Part of my role as the Emergency Services Director is to advocate for the medically underserved in our community, including those with undiagnosed, underdiagnosed, or undertreated mental illness and substance use disorder. We also know that the whole person requires some balance of physical, social, psychological, and spiritual health; otherwise, they become dependent on the emergency care systems in our community.

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

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## Demographics

### Ethnicity


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Caucasian/Non-Hispanic

### Gender

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Male

  
Date of Birth

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