

**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 \_\_\_\_\_ A \_\_\_\_\_ Williams-Stacey \_\_\_\_\_  
First Name Middle Initial Last Name

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

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

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

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

Integrated Family Services \_\_\_\_\_ Mobile Crisis Regional Director \_\_\_\_\_  
Employer 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

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## Demographics

### Ethnicity


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Prefer not to Answer

### Gender

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Female

  
Date of Birth

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