

# Community Services Board

City of Alexandria, VA | Generated 1/7/2025 @ 11:08:31 PM by OnBoardGOV - Powered by ClerkBase

Applicant	Date	Address	Contact	Status
<a href="#">Mouaad Jaani</a>	9/23/2024	<b>Yes, I am a resident of the City of Alexandria. (NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession.):</b> Yes		Validated
<a href="#">Mr. Maxwell Lamont Myers</a>	12/19/2024	<b>Yes, I am a resident of the City of Alexandria. (NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession.):</b> Yes		Validated

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# Mouaad Jaani

City of Alexandria, VA | Generated 1/7/2025 @ 6:08 pm by OnBoardGOV - Powered by ClerkBase

## Status

**Name** Mouaad Jaani  
**Application Date** 9/23/2024  
**Expiration Date** 3/23/2025  
**Board Member** [Mouaad Jaani](#)  
**Status** Validated

Board	Vacancies	Status	Actions
<a href="#">Community Services Board</a>	3	<span>Contested</span>	<input type="checkbox"/>

## Basic Information

**Name**  
Mouaad Jaani  
**Date of Birth**  
REDACTED

## Contact Information

**Yes, I am a resident of the City of Alexandria. (NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession.)**  
Yes  
**Email**  
REDACTED  
**Phone**  
REDACTED

## Occupation

**Employer (student and youth applicants list school)**  
American College of Preventive Medicine  
**Job Title**  
REDACTED

### New Applicant or Current Member

New Applicant

### What seat are you applying for? (Ex: citizen, architect, youth member, etc.)

Citizen

**Do you currently live in the City of Alexandria? NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession.**

### Statement of Interest

I am writing to express my interest in serving on the Community Services Board, where I can leverage my extensive background in the Preventive Medicine to support the board's mission. My experience includes working with the FDA, CDC and HRSA to promote health programs across ACPM's membership, equipping me with a deep understanding of the challenges facing individuals with mental health issues, intellectual disabilities and substance abuse. I am passionate about ensuring equitable access to services and am committed to promoting human rights within local programs. I believe that collaboration and community partnerships are essential for developing effective policies and programs that meet our community's needs. I am eager to contribute my skills in project oversight and budget management to help create a supportive environment for all individuals. Thank you for considering my application; I look forward to the opportunity to contribute to the important work of the Community Services Board.

### Have you ever served the City of Alexandria in any capacity?

No

### Have you ever attended a meeting of the Board or Commission for which you are applying?

Yes

### Are you now paid by the City of Alexandria?

No

### Do any of your immediate relatives or business associates now serve the City of Alexandria in any capacity?

No

**Attendance Requirements: Sec. 2-4-7 of the City Code requires appointees to attend at least 75% of the yearly committee meetings. Absences may be excused because of personal illness or serious illness of members of the immediate family, death of a family member, unscheduled business trips and emergency work assignments only. All other absences are recorded as unexcused. In light of the aforementioned statement, will you be able to attend at least 75% of the regular meetings of the board which you may be appointed?**

Yes

**If applicable, will you comply with the provisions of the City's conflict of interest requirements in City Ordinance 2867 regarding the completion of a financial disclosure statement?**

Yes

**Are you a consumer (former direct recipient of public or private mental health, developmental disability, or substance abuse treatment or rehabilitation) or immediate family member of a consumer or a principal care giver who is not paid?**

No

**Are you an employee or board member of an organization which receives funding from any Community Services Board?**

No

**Educational Background**

Old Dominion University | 2016 - 2020 Bachelor of Science in Communications with a Public Relations and Marketing Minor

**Summary of Work and Experience**

View resume attached above.

**References - Please list names, phone number and/or email addresses of three references that support your application.**

REDACTED

**Would you like to complete the Supplemental Questions? Non-Discrimination Data Supplemental Questions For Applications to City Boards, Commissions, and Committees Confidential - NOT FOR PUBLIC INFORMATION Completion of this section is VOLUNTARY. When completed, the section is separated and redacted from your application prior to the application's submission to City Council. COUNCIL AND STAFF DO NOT USE THIS FORM IN DETERMINING APPOINTMENTS. Information provided in this section is treated confidentially and the information is forwarded to the Alexandria Office on Human Rights for compilation of statistics.**

REDACTED

**Gender**

REDACTED

**Sexual Orientation**

REDACTED

**Ethnicity**

REDACTED

**Do you have a disability?**

REDACTED

**How did you hear of this vacancy?**

REDACTED

# Mr. Maxwell Lamont Myers

City of Alexandria, VA | Generated 1/7/2025 @ 6:08 pm by OnBoardGOV - Powered by ClerkBase

## Status

**Name** Mr. Maxwell Lamont Myers  
**Application Date** 12/19/2024  
**Expiration Date** 7/19/2025  
**Board Member** [Maxwell Lamont Myers](#)  
**Status** Validated

Board	Vacancies	Status	Actions
<a href="#">Community Services Board</a>	3	<span>Contested</span>	<input type="checkbox"/>

## Basic Information

**Name**  
Mr. Maxwell Lamont Myers  
**Date of Birth**  
REDACTED

## Contact Information

**Yes, I am a resident of the City of Alexandria. (NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession.)**  
Yes  
**Email**  
REDACTED  
**Alternate email**  
REDACTED  
**Phone**  
REDACTED

## Occupation

**Employer (student and youth applicants list school)**  
Democracy International  
**Job Title**  
REDACTED

### New Applicant or Current Member

New Applicant

### What seat are you applying for? (Ex: citizen, architect, youth member, etc.)

Citizen

### Do you currently live in the City of Alexandria? NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession.

Yes

### How long have you lived in Alexandria?

10 months

### Statement of Interest

I am interested in serving on the Community Services Board because I hope to enable my fellow Alexandrians feel enabled to engage with the community services the city provides. Being a transplant from a rural Georgia town to Alexandria, I hope to enable those in my community to engage in city services those in my hometown dreamed of having. As such, I intend to engage with the Alexandria community regularly to ensure they understand the essential social safety nets to keep those on the margins of our community safe. Lastly, I hope to be a voice for those looking to ensure their well-being and safety are a priority.

### Have you ever served the City of Alexandria in any capacity?

No

### Have you ever attended a meeting of the Board or Commission for which you are applying?

No

### Are you now paid by the City of Alexandria?

No

### Do any of your immediate relatives or business associates now serve the City of Alexandria in any capacity?

No

**Attendance Requirements: Sec. 2-4-7 of the City Code requires appointees to attend at least 75% of the yearly committee meetings. Absences may be excused because of personal illness or serious illness of members of the immediate family, death of a family member, unscheduled business trips and emergency work assignments only. All other absences are recorded as unexcused. In light of the aforementioned statement, will you be able to attend at least 75% of the regular meetings of the board which you may be appointed?**

Yes

**If applicable, will you comply with the provisions of the City's conflict of interest requirements in City Ordinance 2867 regarding the completion of a financial disclosure statement?**

Yes

**Are you a consumer (former direct recipient of public or private mental health, developmental disability, or substance abuse treatment or rehabilitation) or immediate family member of a consumer or a principal care giver who is not paid?**

No

**Are you an employee or board member of an organization which receives funding from any Community Services Board?**

No

**Educational Background**

I have a bachelors degree in International Affairs/Political Science from The United States Military Academy at West Point and a Masters Degree in Conflict Resolution in Divided Societies from King's College London.

**Summary of Work and Experience**

I have served in the civil society development space for a total of five years. Additionally, I have led civic efforts in my communities domestically and abroad. Most recently, I was medically retired from the U.S. Army where I served as an intelligence officer.

**References - Please list names, phone number and/or email addresses of three references that support your application.**

REDACTED

**Would you like to complete the Supplemental Questions? Non-Discrimination Data Supplemental Questions For Applications to City Boards, Commissions, and Committees Confidential - NOT FOR PUBLIC INFORMATION Completion of this section is VOLUNTARY. When completed, the section is separated and redacted from your application prior to the application's submission to City Council. COUNCIL AND STAFF DO NOT USE THIS FORM IN DETERMINING APPOINTMENTS. Information provided in this section is treated confidentially and the information is forwarded to the Alexandria Office on Human Rights for compilation of statistics.**

REDACTED

**Gender**

REDACTED

**Sexual Orientation**

REDACTED

**Ethnicity**

REDACTED

**Do you have a disability?**

REDACTED