

# Community Services Board

City of Alexandria, VA | Generated 5/5/2025 @ 3:24:59 PM by OnBoardGOV - Powered by ClerkBase

Applicant	Date	Address	Contact	Status
<a href="#">Bryant Joyner</a>	4/15/2025	<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
<a href="#">Joan Porche</a>	1/30/2025	<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="#">Michele Zimmerman Walz</a>	3/3/2025	<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

# Bryant Joyner

City of Alexandria, VA | Generated 5/5/2025 @ 11:25 am by OnBoardGOV - Powered by ClerkBase

## Status

**Name** Bryant Joyner  
**Application Date** 4/15/2025  
**Expiration Date** 11/15/2025  
**Board Member** [Bryant Joyner](#)  
**Status** Validated

Board	Vacancies	Status	Actions
<a href="#">Community Services Board</a>	1	<span>Contested</span>	<input type="checkbox"/>

## Basic Information

**Name**  
Bryant Joyner

## 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)**  
Prince William County Community Services  
**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?

Two Years

### Statement of Interest

The continued success of Alexandria, VA mental health and social services programs is of great importance to me as a citizen of the city, Virginia resident of forty years and career mental health professional and currently Licensed Clinical Social Worker (LCSW). It would be my privilege to utilize and translate thirteen years of clinical social worker and qualified mental health professional experience with (Adults and Adolescents) for the advancement of the City of Alexandria, VA.

### 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?

Yes

**Educational Background**

2011 Norfolk State University Norfolk, VA • Master of Social Work: Clinical Concentration • Virginia School Social Work endorsement 2003 Hampton University Hampton, VA • Bachelor of Arts: Political Science – Pre-Law • Dean’s List, Constitutional Law, International Political Economy, Political Theory Thesis

**Summary of Work and Experience**

I have thirteen years of clinical social work and qualified mental health professional experience with (Adults and Adolescents) in Virginia. Current Licensed Clinical Social Worker (LCSW) in Virginia. My professional experiences in Virginia expand clinical social work practice in inpatient psychiatric hospitals, residential and community based substance abuse program, directing adolescent group homes and outpatient therapy.

**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 5/5/2025 @ 11:25 am 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>	1	<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

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REDACTED

**Gender**

REDACTED

**Sexual Orientation**

REDACTED

**Ethnicity**

REDACTED

**Do you have a disability?**

REDACTED

# Joan Porche

City of Alexandria, VA | Generated 5/5/2025 @ 11:25 am by OnBoardGOV - Powered by ClerkBase

## Status

**Name** Joan Porche  
**Application Date** 1/30/2025  
**Expiration Date** 8/30/2025  
**Board Member** [Joan Porche](#)  
**Status** Validated

Board	Vacancies	Status	Actions
<a href="#">Community Services Board</a>	1	<span>Contested</span>	<input type="checkbox"/>

## Basic Information

**Name**  
Joan Porche  
**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)**  
Federal Communications  
Commission  
**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.

No

### Statement of Interest

I am seeking a volunteer position with the CSB for a variety of reasons both personal and professional. I am a single parent residing in the City of Alexandria and have a daughter with a developmental disability and mood disorder. I have a strong level of interest in the success of the CSB and support services for City residents. I am also a Federal employee and project manager. I am organized and efficient, and seek to use these skills to improve the lives of City residents who are suffering with behavioral health issues.

### 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?

Yes

### Please explain relation and capacity:

My daughter works for the Beatley library

**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

**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

Generated 5/5/2025 @ 11:25 am

# Michele Zimmerman Walz

City of Alexandria, VA | Generated 5/5/2025 @ 11:25 am by OnBoardGOV - Powered by ClerkBase

## Status

**Name** Michele Zimmerman Walz  
**Application Date** 3/3/2025  
**Expiration Date** 10/3/2025  
**Board Member** [Michele Walz](#)  
**Status** Validated

Board	Vacancies	Status	Actions
<a href="#">Community Services Board</a>	1	<span>Contested (Incumbent)</span>	<input type="checkbox"/>

## Basic Information

**Name**  
Michele Zimmerman Walz  
**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

**Alternate Phone**  
REDACTED

## Occupation

**Employer (student and youth applicants list school)**  
Retired

## New Applicant or Current Member

Current Member of This Board

## How many terms have you served?

1

## 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?

13 years

## Statement of Interest

I am a retired public health nurse. I am interested in issues pertaining mental health, "differently abled" and eldercare. I have learned much about services in Alexandria and have enjoyed my first term on the board. I would like to continue.

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

Yes (Please explain), have served 1 term on CSB and am the liason to the Public Health Advisory Committee. I am active in the Alexandria Medical Reserve Corps. I am also a member of the Virginia Behavioral Health Crisis Medical Reserve Corps. I have been a volunteer giving immun

## 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?

Yes

## Please explain relation and capacity:

My husband has served on the Environmental Policy Commission and is retired from the Metropolitan Council of Governments and I believe he speaks to a number of city officials often.

**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**

BFA University of Kansas 1975 and BSN University of the State of New York 1984

**Summary of Work and Experience**

I have worked in a wide variety of healthcare settings as an RN since 1979. I have experience as a school nurse, have worked with at risk teens, and in Alexandria, I worked for Alexandria Dept of Health from 12/2012 to 01/2022. During that time , I also worked as a school nurse substitute in ACPS. The last five years of that time I worked with DAAS social workers and screened applicants for Medicaid long term care waivers in Alexandria.

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

REDACTED

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REDACTED

**Gender**

REDACTED

**Sexual Orientation**

REDACTED

**Ethnicity**

REDACTED

**Do you have a disability?**

REDACTED

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

REDACTED