Application Form

Profile						
Б.	C			NP -1 -1-		
Dr. Prefix	Sam First Name		Middle	Nickels Last Name		Suffix
			Initial			
samuelr	nickels@yahoo.co	m				
Email Addres						
240 Mar	ryland Avenue					
340 Maryland Avenue Home Address					Suite or Apt	
Harrisor	hura				VA	22801
City					State	Postal Code
How m	any years have	e you been a r	esident	of Harriso	nburg?	
25						
Homo: (E40) 476 4190					
Primary Phor	540) 476-4180 ne	Alternate Phon	ie			
Retired		Consultar	nt			
Employer		Job Title				
	raphics - (Submadverse treatments					ot subject you
	asian/Non-Hispar	nic				
Gende		ii C				
Gende						
✓ Male						
What is	s your age?					
None Se	elected					
Are yo	u reapplying fo	or a current po	sition y	ou hold? *		
№ No						
Which	Boards would	you like to app	oly for?			
Harrisor	nburg Redevelopn	nent and Housing	J Authorit	ty (HRHA): Su	ubmitted	

Submit Date: Nov 13, 2025

Interests & Experiences

Dr. Sam Nickels

Please tell us about yourself and why you want to serve.
Why are you interested in serving on a board or commission?
Value important role HRHA plays in our community.
What other interests or concerns do you have regarding the community?
Affordable housing, homelessness, protection and valuing our immigrants
What relevant experience or education do you have to this board or commission?
PhD in nonprofit leadership.
Please list any past or present community involvement e.g. City Council, Boards and Commissions, Citizen Academy, etc. in Harrisonburg or elsewhere:
Treasurer on Skyline Literacy board.
Upload a Resume
EPSAC Applicants only

Bike/Pedestrian Subcommittee Applicants only