

Greenville County Legislative Delegation

SENATE

DISTRICT NO. 6
MICHAEL L. FAIR
Chairman

DISTRICT NO. 5
TOM CORBIN

DISTRICT NO. 7
KARL B. ALLEN

DISTRICT NO. 8
ROSS TURNER

DISTRICT NO. 9
DANNY VERDIN

DISTRICT NO. 12
LEE BRIGHT

DISTRICT NO. 13
SHANE MARTIN



GREENVILLE COUNTY SQUARE
301 UNIVERSITY RIDGE, SUITE 2400
GREENVILLE, SOUTH CAROLINA 29601
(864) 467-7112
FAX: (864) 467-7151

HOUSE OF REPRESENTATIVES

DISTRICT NO. 10
JOSHUA PUTNAM

DISTRICT NO. 16
MARK N. WILLIS

DISTRICT NO. 17
MIKE BURNS

DISTRICT NO. 18
TOMMY STRINGER

DISTRICT NO. 19
DWIGHT LOFTIS

DISTRICT NO. 20
DAN HAMILTON

DISTRICT NO. 21
PHYLLIS HENDERSON

DISTRICT NO. 22
WENDY NANNEY

DISTRICT NO. 23
CHANDRA DILLARD

DISTRICT NO. 24
BRUCE W. BANNISTER
Vice Chairman

DISTRICT NO. 25
LEOLA ROBINSON-
SIMPSON

DISTRICT NO. 27
GARRY R. SMITH
Secretary

DISTRICT NO. 28
ERIC BEDINGFIELD

DISTRICT NO. 35
BILL CHUMLEY

DISTRICT NO. 36
RITA ALLISON

RACHAEL C. STRAIT
Executive Secretary

Application Process for Greenville County Boards, Commissions, or Committees

Applications for nomination or re-nomination to any appointed position(s) will be accepted 90 days prior to the expiration of that positions term; however, applications will not be accepted prior to 90 days to expiration to that positions term.

1. Complete the application and sign in the presence of a Notary Public.

* Foster Care Review Board applicants must complete Section IV and V of the Consent to Release Information form which has been provided with the application. You will not be charged to complete this form. Please be sure that this form accompanies your application.

2. Mail or return application by the deadline requested to:
(see [Vacancies/Seat Availability](#) for deadlines)

Greenville County Legislative Delegation
301 University Ridge, Suite 2400
Greenville, South Carolina 29601

3. Seek support:

It is the responsibility of the applicant to secure his or her nomination. If you need any assistance contacting your Representative or Senator, please contact our office.

If you have any questions, please feel free to contact our office at (846) 467-7112.



Office of the Governor State of South Carolina

Application for Boards, Commissions, and Committees

Your nomination **will not** be complete until this application is filed with the Governor's Office. Please refer to your nominating authority (County Legislative Delegation, County Council, City Council, etc.) for instructions on how to properly submit this form.

1] Your Name:

Dr./Mr./Mrs./Ms. _____

Last

First

Middle

2] Name of Board, Commission, or Committee you are being considered for:

3] Your Current Address, City, Zip Code and County:

Your Congressional District: _____

4] Home Telephone: _____ 5] Office Telephone: _____ 6] Fax: _____

7] Mobile Telephone: _____ 8] Email Address: _____

9] Drivers License # _____ 10] Social Security #: _____

11] Voter Registration # _____ 12] Date of Birth: _____

13] Race: _____

14] Sex: Male / Female

15] Level of Educational Background Completed:

Some High School _____

High School graduate or equivalence (G.E.D.) _____

Some College _____

College graduate _____

Professional degree (please specify) _____

16] Present Employer _____

Address _____

Current Position _____

17] Years of residence in South Carolina: _____

18] Have you ever been arrested for a crime other than a minor traffic violation? _____ If so, give details.*

- 19] Have you filed state and federal income tax returns for the past five years? _____ If not, give details.*
- 20] Are you or any company in which you have a controlling interest delinquent in any local, state or federal taxes? _____ If so, give details.*
- 21] Have you ever defaulted on any state or federal student loan? _____ If so, give details.*
- 22] Have you been treated for any alcohol, drug addiction, or substance abuse for the preceding five years? _____
If so, give details.*
- 23] Have you been party (plaintiff or defendant) in any state or federal litigation for the preceding five years? _____
If so, give details.*
- 24] Have you ever served in the military? _____
Were you honorably discharged? _____ If not, give details.*
- 25] Have you ever been terminated from employment for cause? _____ If so, give details.*
- 26] Have you or any employer in the preceding ten years been investigated, reprimanded, fined, or suspended for doing business with any state or federal agency? _____ If so, give details.*
- 27] Have you ever been disciplined or fined by the State Ethics Commission? _____ If so, give details.*
- 28] Have you ever been disciplined or fined by any professional or regulatory agency? _____ If so, give details.*
- 29] Do you serve on any local or state board, commission, committee, or elected office? _____ If so, list.*
- 30] Are you a registered lobbyist in the State of South Carolina? _____
- 31] Do you or any member of your immediate family receive any income, compensation or benefits from state and local agencies in South Carolina? _____ If so, give details.*
- 32] Do you or any member of your immediate family have any interest in any business that has, is, or will do business with the State of South Carolina or the entity for which you are applying? _____ If so, give details.*
- 33] Are you or any member of your immediate family associated with any business regulated by the entity to which you are applying? _____ If yes, give details.*

34] Have you or any member of your immediate family sold, leased, or rented personal property to any state or local public agency in South Carolina? _____ If so, please identify *:

- a) the type of property,
- b) the name of the agency(s) involved,
- c) the value of the transaction(s).

35] Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor regulated by the entity to which you are applying? _____ If so, give details.* (Do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution.)

36] Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor seeking a business relationship with the entity for which you are applying? _____ If so, give details.* (Do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution.)

37] Do you or any member of your immediate family receive compensation from any individual or business that contracts with the entity for which you are applying? _____ If yes, please identify *:

- a) the individual or business,
- b) the amount of compensation paid to you,
- c) the nature and amount of the contract,
- d) the governmental entity involved.

38] I, _____, agree that, if I am appointed to the _____, I will attend all stated or called meetings of this entity. If I am absent from three consecutive meetings, or if I am absent from half of the meetings within a six-month period, then I will resign my appointment. However, if the Chairperson excuses my absence prior to the meeting, in recognition of circumstances beyond my control (illness, family emergency, etc.), then I am entitled to retain my position.

*Use extra sheet if necessary.

CERTIFICATION OF APPLICANT

Personally appeared before me, the applicant, who being duly sworn, disposed, and says that all his/her statements are true, accurate and complete: and that he/she knows and agrees that any misrepresentation or omission of the facts may result in his/her being disqualified or being discharged should he/she already be appointed by the Governor. He/she authorizes the State Law Enforcement Division to conduct a background investigation including, but not limited to, a criminal history, driving record and credit check. He/she also authorizes the Governor's Office to provide the nominating authorities with copies of this application, the criminal history and credit report and any other information gathered in processing this appointment.

Applicant's Signature

Sworn and subscribed before me this _____ **day of** _____, **Two Thousand and** _____.

Notary Public for South Carolina

My commission expires _____

South Carolina Department of Social Services
CONSENT TO RELEASE INFORMATION

With my signature below, I consent for the South Carolina Department of Social Services to conduct a one-time search of the records indicated below to determine whether they contain information that I was the perpetrator of harm to a child and to release information found to the individual/organization named below.

I understand that the information provided may prove to be unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with release of information requested on this form. If it appears to me that the information has not been updated or is otherwise inaccurate, I agree to notify the Department immediately.

SECTION I. Purpose for Request

A. I am requesting a search of the Central Registry of Child Abuse and Neglect and the Department's database of records of Child Abuse and Neglect cases in connection with:

- becoming or remaining a foster parent or potential adoptive parent; or
- becoming or remaining an employee of or a member of the state or a local foster care review board; or
- becoming an employee or volunteer for the South Carolina Guardian ad Litem Program or Richland County CASA.

B. I am requesting a search **ONLY** of the Central Registry of Child Abuse and Neglect for a purpose of _____.

SECTION II. Mail Results To:

ATTN: _____

TEL. NO: _____

SECTION III. Central Registry Check Fees: Please appropriate box and include payment. Check or Money Order (NO CASH).

- | | |
|---|--|
| <input type="checkbox"/> Non-Profit Entities.....\$8.00 | <input type="checkbox"/> Name Changes.....\$8.00 |
| <input type="checkbox"/> For-Profit Entities..... \$25.00 | <input type="checkbox"/> Other (Individuals, etc.).....\$8.00 |
| <input type="checkbox"/> State Agencies.....\$8.00 | <input type="checkbox"/> Private Adoption Investigations.....\$25.00 |
| <input type="checkbox"/> Schools.....\$8.00 | |

SECTION IV. Please print legibly or type the following: First, Middle and Last Name (NO INITIALS)

Name: _____ DOB: _____ Sex: _____ Race: _____
Maiden/Aliases: _____ Name Change: _____
Place of Birth: _____ SSN: (See instructions) _____
Current Address: _____ Previous Address: (See instructions) _____

SECTION V. Your signature MUST be witnessed or notarized. Please mail appropriate payment and form for processing to: South Carolina Dept. of Social Services, ATTN: Cashier, 1535 Confederate Avenue, P.O. Box 1520, Columbia, SC 29202-1520.

_____ Signature of Applicant	_____ Date
_____ Signature of Notary or Witness	_____ Date

SECTION VI. RESULTS: THIS SECTION IS TO BE COMPLETED ONLY BY AUTHORIZED DSS EMPLOYEES OF THE DEPARTMENT.

- The name is not included as a perpetrator on the Central Registry of Child Abuse and Neglect.
- The request has been received. Additional research will be required to respond to the request. Thirty to sixty days may be required. Please call _____ if you have any questions.
- The name is included as a perpetrator on the Central Registry of Child Abuse and Neglect.
- The name is included as a perpetrator in the Department's database of records of child abuse and neglect cases. See attached correspondence.

_____ Authorized DSS Employee	_____ Date
----------------------------------	---------------