



GEORGETOWN COUNTY BOARD / COMMISSION

Indicate Board / Commission(s) that you wish to be considered for appointment / reappointment:

- | | | |
|--|--|--|
| <input type="checkbox"/> Airport Commission | <input type="checkbox"/> Economic Development Alliance Board | <input type="checkbox"/> Parks & Recreation Commission |
| <input type="checkbox"/> Alcohol & Drug Abuse Commission | <input type="checkbox"/> Fire District 1 Board | <input type="checkbox"/> Planning Commission |
| <input type="checkbox"/> Assessment Appeals Board | <input type="checkbox"/> Forestry Board | <input type="checkbox"/> Sheriff Advisory Board |
| <input type="checkbox"/> ATAX Commission | <input type="checkbox"/> Historical Commission | <input type="checkbox"/> Tourism Management Commission |
| <input type="checkbox"/> Building Codes Board of Appeals | <input type="checkbox"/> Library Board | <input type="checkbox"/> Zoning Appeals Board |
| <input type="checkbox"/> Disabilities & Special Needs | <input type="checkbox"/> Midway Fire-Rescue Board | <input type="checkbox"/> Other _____ |

PLEASE PRINT

Name: _____

Home Address: _____ Town/zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email Address: _____

Permanent resident of Georgetown County? YES / NO Registered Voter in Georgetown County? YES / NO

Occupation: _____ Present Employer: _____ [If retired, most recent employer]

Employer Address: _____ Town/zip _____

Please indicate which best describes the level of education you last completed:

_____ Some High School _____ High School Graduate/GED _____ Some College _____ College Graduate

Professional Degree [please specify] _____ *If you have experience that you feel would be beneficial to this board/commission please provide a summary of qualifications using extra sheet if necessary.

Do you serve on any other state, county, city, or community boards/commissions, or hold an elected office? Yes / No
[If yes, please list]: _____

Do you have any interest in any business that has, is, or will do business with the County of Georgetown? Yes / No
[If yes, please list]: _____

Do you have a potential conflict of interest or reason to routinely abstain from voting on this board /commission? Yes / No
[If yes, please list]: _____

I, _____, agree that if appointed, I will attend the stated and called meetings of this board to which I may be appointed and further agree that should I miss *three (3) consecutive meetings* or, *half the meetings within a six-month period*, I will resign my appointment.

Certificate of Applicant

Personally appeared before me, the applicant, who being 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 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 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 Signature Date

Sworn before me this _____ day of _____, 20_____. [notary seal]

Notary Public for South Carolina

My Commission Expires _____

NOTE: Applications for service on Georgetown County Boards and Commissions remain on file for 2 years. If you have not been appointed to serve on a board/commission within that timeframe you may re-submit your application. Please note that information provided in this application may be subject to SC Freedom of Information disclosure.

[Please return completed form to Theresa Floyd, Clerk to Council, 716 Prince Street, Georgetown, SC 29440]