

Volunteer Experience (Please list and describe):

Describe your understanding of the position for which you are applying.

What specific skills do you believe you could contribute as a member of this board?

How many hours per week are you able to commit to this board?

Have you ever attended a meeting of this board or commission?

Yes No

Are you available to meet at the regularly scheduled date and time of the board meetings?

Yes No

Do you, any member of your immediate family, or a business with which you or a family member is associated, provide goods and/or services to this board for payment?

Yes No

If yes, please explain:

Do you or any member of your immediate family receive direct services from this board?

Yes No

If yes, please explain:

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, please give details:

Do you currently serve on any local or state board, commission, committee, or elected office? Yes No

If yes, please list:

Have you previously served on any local or state board, commission, committee, or elected office? Yes No

If yes, please list:

Have you ever been fined for an ethics violation? Yes No

If yes, please explain:

Have you ever been subject to penalty relating to a violation of State ethics standards? Yes No

If yes, please explain:

Statement of Agreement and Understanding

By my signature, I attest all information contained in this application is true and accurate to the best of my knowledge;

I understand it is my responsibility to insure my application is submitted within the application period and that it has been received by the Greenville Health Authority;

I agree that, if I am appointed, 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.

Signature _____ Date _____

Mail or hand deliver completed form to:

**Greenville Health Authority
Attn: Phillip Liston
c/o Community Foundation of Greenville
630 East Washington Street, Suite A
Greenville, SC 29601**

If you have questions, please call (864) 331-8414