Greenville Health Authority
Building Healthier Communities

TRUSTEE APPLICATION

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. Name: _____
Last First Middle

Home Address: _____ City: _____ Zip: _____

Email Address: _____

Home Phone:_____Office Phone:_____Mobile Phone: _____

Voter Registration Number: _____

Present Employer: _____Current Position: _____

Employer Address: _____

_____

School Attended:_____

Highest Degree Earned:_____Field of Study: _____

Years of residence in South Carolina: _____

Volunteer Experience (Please list and describe):

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_____

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

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What specific skills do you believe you can contribute as a member of the Greenville Health Authority board?

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_____

How many hours per week are you able to commit to the Greenville Health Authority?

_____

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 or any immediate family member have any relationship (employment or otherwise), transactions or activity involving Prisma, GHA, or with any trustee, employee, or agent of GHA that may be perceived as impacting your ability to objectively and impartially execute your obligations as a member of the GHA board? ☐ Yes ☐ No

Do you or any member of your immediate family receive direct services from this board? ☐ Yes ☐ No

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

If yes, please explain:

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

If yes, please explain:

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

If yes, please explain:

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

If yes, please explain:

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

If yes, please explain:

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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 ensure 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* _____

Hand deliver the completed form to:

Greenville Health Authority Attn: Phillip Liston
c/o Community Foundation of Greenville 10 South
Academy Street, Suite 350 Greenville, SC 29601

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