GREENVILLE HEALTH AUTHORITY
TRUSTEE APPLICATION

Please complete all sections. If additional space is needed, attach a separate page and identify the question.

Applicant Information

Title: (*Mr., Mrs., Ms., Dr.*)		**Full Name:**	
Home Address:		**City:**	
State:		**ZIP Code:**	
Email Address:		**Home Phone:**	
Office Phone:		**Mobile Phone:**	
Voter Registration Number:		**Years of residence in South Carolina:**	
Present Employer:		**Current Position:**	
Employer Address:		**School Attended:**	
Highest Degree Earned:		**Field of Study:**	

Experience and Qualifications

Volunteer Experience (please list and describe):

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

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

Availability and Disclosure Questions

How many hours per week can you commit to GHA?	
Are you available at the regularly scheduled meeting dates and time?	
Have you ever attended a meeting of this board/commission?	

Do you or any immediate family member have any relationship (employment or otherwise), transaction, or activity involving Prisma, GHA, or 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 immediate family member 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 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:

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 that 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 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.

Applicant Signature:		**Date:**	

Submission Instructions

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.