

Staff Use Only:

Council District _____

This application is a

Reappointment

New Appointment

GREENVILLE COUNTY BOARDS AND COMMISSIONS APPLICATION

Alcohol and Drug Abuse Commission

(Name of Board or Commission to which you are applying)

An individual may only apply to serve on one board or commission during any election cycle.

In order for your application to be given consideration, it is critical that you answer all of the following questions as completely as possible.

Mr Mrs Ms Miss Name Renita Barksdale

Home Address 15 Old Tree Court City Simpsonville

Zip 29681 Home Phone 864-967-7870 Work Phone 864-268-5955

Voter Registration Number 23563738 Email rbarksdale@greenvillelibrary.org

****You must be registered to vote in Greenville County at the time of application**

Occupation Librarian Assistant

Employer Greenville County Library System

EmployerAddress 316 West Main Street
Taylors, SC 29687

Volunteer Experience _____

Created my own non-profit organization. The organization is called Healing Hands. The purpose for this organization is to help low and moderate income families gain the resources they need to improve their social and economic situation.

I am also the secretary for Alcohol and Drug Abuse Commission. I may ensure that minutes are accurate and turned in a timely matter.

Do you currently hold any elected or appointed office or commission Yes

If yes, list Secretary, Alcohol and Drug Abuse Commission

Have you previously held any elected or appointed office or commission? Yes

If yes, list Secretary, Alcohol and Drug Abuse Commission

Have you ever been fined for any ethics violations? No

If so, please comment

Describe your understanding of the role of a member of the board or commission to which you are applying _____

- 1) I will learn how to make bylaws for this organization.
- 2) As a member of this organization, I will make contracts that will help the progress of this organization.
- 3) Keep a good relationship between the board and the director.
- 4) Also, I will great an understanding of how politics work within the organization.

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 or commission meeting? Yes No

If appointed, will you pledge to faithfully attend the meetings? Yes No

How many hours/week are you available to give to this board of commission? 30

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

I have a BA in Political Science, which deals with politics.

I have my own non-profit organization, so I understand how important grants are for the survival of an organization.

Highest Degree Earned Masters Degree

School Attended University of North Texas

Field Of Study Library Science and Information

Do you have expertise in any of the following areas (check all that apply).

- | | |
|---|---|
| <input type="checkbox"/> Tourism Industry | <input type="checkbox"/> Architectural |
| <input type="checkbox"/> Cultural / Arts | <input type="checkbox"/> Fire Protection Eng / Contractor |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Electrical Engineer / Contractor |
| <input type="checkbox"/> Hotel Management | <input type="checkbox"/> Design/Architectural / Professional Contractor |
| | <input type="checkbox"/> Structural Engineer / Contractor |
| | <input type="checkbox"/> Mechanical Engineer / Contractor |
| | <input type="checkbox"/> Plumbing Engineer / Contractor |

Have you ever been convicted of a crime other than a minor traffic violation? If so, please give details

Yes No

Are you current in payment of Greenville County property taxes?

Yes No

Do you reside in a municipality? If so, please name.

Yes No

Statement

I understand this appointment will require substantial effort on my part and I am willing to devote the necessary time to carry out the responsibilities and requirements of the positions. I further understand that this appointment will not result in me receiving any compensation for my service.

Signature _____ Date _____

Recommended by _____

Please return completed form to:

**Greenville County Council
301 University Ridge, Suite 2400
Greenville, SC 29601-3665**

If you have questions, please call 467-7115 or check the www.greenvillecounty.org website.