

Staff Use Only:

Council District _____

This application is a

Reappointment

New Appointment

GREENVILLE COUNTY SPECIAL TAX DISTRICT APPLICATION

Tigerville Fire District

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 Harvey Joe Bruce

Home Address 29 Pinerock Drive City Travelers Rest

Zip 29690 Home Phone 864-895-0232 Work Phone 864-915-6385

Voter Registration Number 0499534 Email hbruze@yahoo.com

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

Occupation Retired Teacher

Employer _____

Employer Address

Volunteer Experience

The Blue Ridge Project: Coproducer of the Blue Ridge Project, an audio CD project produced as a fundraiser for Blue Ridge High School.

Do you currently hold any elected or appointed office or commission No

If yes, list

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 _____

I understand that in the position of commissioner I will be involved with setting policy, working on the budget, setting standards for recruitment and training of personnel for the Tigerville Fire Department.

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

I have a BS in mathematics which will help in making decisions regarding the financial operations of the fire department. I have lived in the Tigerville area for much of my life and taught in the area for 34 years.

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

Do you, any member of your family or a business with which you or a member of your family is associated, provide goods and/or services to this board for payment? Yes No

Statement

By my signature, I state that 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 County Council Office.

I understand my appointment to the board for which I am applying 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.