| | | This section for office use only | | | |
|----------|---------------------------------------|----------------------------------|---------------|-----------------|--|
| y | Council District: $\frac{\hat{Q}/}{}$ | This application is a: | Reappointment | New Appointment | |
| | | | | | |

GREENVILLE COUNTY BOARD AND COMMISSION APPLICATION for County-wide Boards

| Name of Board or Commission to which you are applying: The Greenville County Commission on An individual may only apply to serve on one board or commission during any election cycle. Alcohol and Drug Abuse (6CCADA) |
|--|
| Mr Mrs IX Ms Dr Name: Jane W. Daniel |
| Home Address: 7 East Shallowstone Rd. City: Great zip: 29650 |
| |
| |
| |
| Occupation: Director of Donor Kelations Employer: Harvest Hope Food Bank |
| Employer Address: 2818 White Horse Kond Greenville, SC 29611 |
| School attended: Grorgia State University |
| Highest degree earned: Mastces Field of Study: Elementary Education |
| Volunteer Experience (Please list and describe): Currently Serve on the Boards of The Family Effect Foundation (The forming (entrol), Barbare Stope Foundation |
| (a Gov's appointed Board) that is charged with Making Certain that toster Chipmen have the best permanent plan. |
| Describe your understanding of the position for which you are applying Inc. Commission (600ADA) 13 responsible for oversign of the Phoenix Center which is |
| the country's largest provided of substance abuse services. |
| What specific skills do you believe you could contribute as a member of this board or commission? I have 25+ years working in the Non-profit field. I was the hired |
| Obsident That probable to the Phoenix Center to build the Ind adolexent treatment center in S.C. I directed a tamily violence intervention organin Gernulle for 10 years. The Phoenix Center inscribical so the Have you ever attended a meeting of this board or commission? Yes No needs of |
| Have you ever attended a meeting of this board or commission? Yes No Needs of Families Are you available to meet at the regularly scheduled date and time of the Yes No No Karrier Cong |
| board or commission meetings? Substand Clover 155 m |
| How many haus Mark are you available to give to this board of commissions 5 Continue 10 |
| DECEIVED |
| 1) H(/U* |

| Do you, any member of your family or a business with a member of your family is associated, provide goods and board for payment? If yes, please explain: | d/or services to this | Yes□ | Not | | | |
|--|---|-------|----------|--|--|--|
| Do you reside in a municipality? If yes, please name | | Yes 🗌 | No D | | | |
| Have you ever been convicted of a crime other than a If yes, please give details. | | Yes⊡ | No | | | |
| Do you <u>currently</u> hold any elected or appointed office of lifyes, list | r commission? | Yes | , No⊡ | | | |
| Have you previously held any elected or appointed office of the second o | on National | Yes | , No□ | | | |
| Have you ever been fined for any ethics violations? If yes, please explain: | | Yes. | No[] | | | |
| Are you current in payment of Greenville County proper if applying for the Accommodations Tax Advisory Committee please check the box that applies to your field of expertise | | Yes / | | | | |
| ☐Tourism Industry☐Cultural / Arts☐Restaurant☐Hotel Management | □ Architectural □ Fire Protection Eng /Contractor □ Electrical Engineer /Contractor □ Design/Architectural /Professional Contractor □ Structural Engineer /Contractor □ Mechanical Engineer /Contractor □ Plumbing Engineer /Contractor | | | | | |
| Statement of Agreement and Understanding | | | | | | |
| 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 What | inf | Date | 23/14 | | | |

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