

**Staff Use Only:**

Council District 24

This application is a

Reappointment

New Appointment

Attendance Record: 100%

## GREENVILLE COUNTY BOARDS AND COMMISSIONS APPLICATION

Thrive Upstate (GCDSNB)

(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 James Clyde Baucom

Home Address 211 McDaniel Avenue City Greenville

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

Occupation Retired Human Resources Executive

Employer None

EmployerAddress \_\_\_\_\_

Highest Degree Earned BS

School Attended UNC-Chapel Hill, NC

Field Of Study Labor and Industrial Relations

Volunteer Experience \_\_\_\_\_

-Current Treasurer and Bd Member - Thrive Upstate

-Past Chairman - Roper Mountain Science Center Board

-Past Chairman - Junior Achievement of Greenville

-Past Board Member - Eastside YMCA

-Past Community Advisor - Jr League of Greenville

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

To provide counsel and oversight to the executive management staff of Thrive Upstate, and to assure compliance with their community missions.

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

- Considerable experience on this and prior boards

- Understanding and acceptance of my fiduciary obligations as a Thrive Upstate Board member

- Commitment and energy in furthering the growth and development of Thrive Upstate toward its strategic objectives

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

5-10 hours

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

Do you, any member of your immediate family, or a business with which you or a family member is associated, provide goods and/or services to this board for payment?

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? If so, please give details

Yes  No

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

Yes

If yes, list Current Treasurer and Board member - Thrive Upstate (GCDSNB)

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

No

If yes, list

Have you ever been fined for any ethics violations?

No

If so, please explain

Have you ever been subject to penalty relating to a violation of State ethics standards?

No

If so, please explain

Are you current in payment of Greenville County property taxes?

Yes  No

If applying for the Accommodations Tax Advisory Committee  
the Construction Board of Appeals or the Historic Preservation Commission please check  
the box that applies to your field of employment or expertise:

**Accommodations Tax Comm.**

- Tourism Industry
- Cultural / Arts
- Restaurant
- Hotel Management

**Historic Preservation Comm.**

- Archeologist
- Historian
- Architect
- Member of Historic  
Preservation Group

**Construction Board of Appeals**

- Architectural
- Fire Protection Eng / Contractor
- Electrical Engineer / Contractor
- Design/Architectural / Professional Contractor
- Structural Engineer / Contractor
- Mechanical Engineer / Contractor
- Plumbing Engineer / Contractor

**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.*

*I understand my lack of attendance resulting in three consecutive meetings or 25% of all meetings within a year may result in my removal from the board.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please return completed form by mail, fax or email to:**

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

**Fax: (864) 467-7358**

rmccaskill@greenvillecounty.org

If you have questions, please call 467-7115 or check the [www.greenvillecounty.org](http://www.greenvillecounty.org) website.