

Staff Use Only:

Council District 21

This application is a

Reappointment

New Appointment

Attendance Record: 92%

GREENVILLE COUNTY SPECIAL TAX DISTRICT APPLICATION

Boiling Springs 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

Cedric Brown

Home Address 6 Sundew Court

City Greenville

Occupation Healthcare Administrator

Employer Greenville Health System

Employer Address

701 Grove Road, Greenville SC 29605

Volunteer Experience

2001-2009 Volunteer Fire Fighter with BSFD

2013-Present Board of Fire Control, Greenville County, SPD Boiling Springs Fire District

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

Position provides citizen oversight of BSFD in accordance with applicable laws. This includes oversight on annual budgets, request for mileage adjustments with County Council approval, and act as a citizen liaison representing the SPD with other citizens and surrounding districts.

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

Currently serve as Chairman. Provide leadership and support to the men and women that are employed by the district and ensure that citizen resources are being properly utilized to maximize their value.

Have you ever been convicted of a crime other than a minor traffic violation?

Yes

No

If so, please give details

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

If yes, list Board of Fire Control, Greenville County SPD Boiling Springs Fire District. Current Chairman

Have you ever been fined for any ethics violations? Yes No

If so, please comment

Have you ever been subject to penalty relating to a violation of State ethics standards? Yes No

If so, please explain

Do you, any member of your immediate 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

If so, please explain

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 website.