

Staff Use Only:

Council District 27

This application is a Reappointment

New Appointment

Attendance Record: _____

GREENVILLE COUNTY BOARDS AND COMMISSIONS APPLICATION

Thrive Disabilities Board

(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 Sarah Dulin Burdeshaw

Home Address 404 Carriage Hill Rd City Simpsonville

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

Occupation Mother of four

Employer Homemaker

EmployerAddress 404 Carriage Hill Rd

Highest Degree Earned BFA

School Attended College of Charleston

Field Of Study Studio Art, Psychology, Religion

Volunteer Experience _____

I volunteered with, and eventually served on the Board for, Anchors Away, a coastal recreational program for children and adults with special needs.

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

I understand this is a monthly commitment that will last a minimum of four years. My job will be to work with other board members as a team to ensure Thrive is able to meet the mission of providing premium service to individuals with disabilities.

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

As a former employee of the Disabilities Board of Charleston County, I have meaningful experience as a case worker for children with special needs and their families. I understand the communities' needs for these organizations, and my only goal is to help Thrive succeed in providing quality services to Greenville's citizens living with disabilities.

How many hours/week are you available to give to this board of commission? 8

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? No

If yes, list _____

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 website.