

Staff Use Only:

Council District 27

This application is a Reappointment

New Appointment

Attendance Record: _____

GREENVILLE COUNTY SPECIAL TAX DISTRICT APPLICATION

Clear Spring Fire Rescue

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

Aaron Dix

Home Address 126 Squires Creek Court

City Simpsonville

Occupation Executive Director EMS

Employer Prisma Health Upstate

Employer Address

701 Grove Road Greenville SC 29605

Volunteer Experience

Clear Spring Fire Rescue - volunteer fire fighter and paramedic since 2006

Bloomfield Volunteer Ambulance Service - Volunteer EMT and paramedic from 1995-2005. Also served as a Deputy Chief as

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

The commission board is to ensure that exceptional fire, rescue, and EMS services are provided to the visitors and residents of the district and those services are performed in an efficient and timely manner.

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

I have been a volunteer since 1995 and understand the complexities of hybrid (professional/volunteer) services such as Clear Spring. Having been with the department for over a decade I have a fully understanding of the challenges facing the department. Lastly, as an Executive Director with an MBA I have a full understanding of budgets, organizational structure, and the need to be fiscally responsible.

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

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.