

**Staff Use Only:**

Council District 20

This application is a

Reappointment

New Appointment

Attendance Record: \_\_\_\_\_

## GREENVILLE COUNTY BOARDS AND COMMISSIONS APPLICATION

Library Board of Trustees

(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 Barbara Yonce

Home Address 7 Danbury Ct City Greenville

Occupation Retired librarian

Employer \_\_\_\_\_

EmployerAddress \_\_\_\_\_

Highest Degree Earned M.A.; M.S.L.S.

School Attended Lander College; UNC-Chapel Hill

Field Of Study English; Library Science

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

Church volunteer: various activities including ongoing Media Team participation

Re-UNITED: committee member for this United Way leadership group, promoting participation and developing activities for

retirees and others interested in strengthening our community

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

An appointment would allow me to be a part of the 11-member board charged with taking actions necessary and appropriate to

ensure the effect operation of the library system, utilizing the available resources to achieve the highest possible level of service

for the residents of Greenville County.

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

I have 47 years of experience as a librarian, 33 of those at GCLS. I held management positions for almost the entirety of my

career, directly supervising units and working as part of a team involved with procedures, policies, budgets, facility design and

strategic planning. I have an understanding of the challenges and opportunities facing libraries along with a passion for library

service and a desire to use my accumulated knowledge to the benefit and continued success of GCLS.

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

As needed

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? If so, please explain

No

Have you ever been subject to penalty relating to a violation of State ethics standards? If so, please explain

No

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.