| <br>Ar                | <b>IVILLE</b> | COUNTY<br>(Name of                                                                                                                                   | Alcohol a<br>Board or Cor | DS AND        | Reappointment Attendance Record: COMMISSIONS mmission  | X       New Appointment         APPLICATION |  |  |
|-----------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------|--------------------------------------------------------|---------------------------------------------|--|--|
| <br>Ar                | ı individual  | (Name of                                                                                                                                             | Alcohol a<br>Board or Cor | and Drug Co   |                                                        |                                             |  |  |
| <br>Ar                | ı individual  | (Name of                                                                                                                                             | Alcohol a<br>Board or Cor | and Drug Co   |                                                        |                                             |  |  |
| <br>Ar                | ı individual  | (Name of                                                                                                                                             | Alcohol a<br>Board or Cor | and Drug Co   |                                                        |                                             |  |  |
|                       |               | -                                                                                                                                                    | Board or Cor              | -             | mmission                                               |                                             |  |  |
|                       |               | -                                                                                                                                                    |                           | initission to | which you are englying                                 |                                             |  |  |
|                       |               | may only app                                                                                                                                         | v to serve or             |               | which you are applying                                 |                                             |  |  |
| In order for          | your applic   |                                                                                                                                                      | , 10 00110 01             | n one board   | or commission during any                               | y election cycle.                           |  |  |
|                       |               | In order for your application to be given consideration, it is critical that you answer all of the following questions<br>as completely as possible. |                           |               |                                                        |                                             |  |  |
| Mr X Mrs              | Ms            | Miss                                                                                                                                                 | Name Kare                 | en Hancock    |                                                        |                                             |  |  |
| lome Address 50       | 4 Thornblad   | le Boulevard                                                                                                                                         |                           |               | City Greer                                             |                                             |  |  |
|                       |               |                                                                                                                                                      |                           |               |                                                        |                                             |  |  |
|                       |               |                                                                                                                                                      |                           |               |                                                        |                                             |  |  |
|                       |               |                                                                                                                                                      |                           |               |                                                        |                                             |  |  |
|                       |               |                                                                                                                                                      |                           |               |                                                        |                                             |  |  |
|                       |               |                                                                                                                                                      |                           |               |                                                        |                                             |  |  |
| Occupation Pha        | rmacist       |                                                                                                                                                      |                           |               |                                                        |                                             |  |  |
| Employer Bon          | Secours Me    | rcy Health                                                                                                                                           |                           |               |                                                        |                                             |  |  |
| EmployerAddress       | 1 St. Fi      | ancis Drive                                                                                                                                          |                           |               |                                                        |                                             |  |  |
|                       | Greenv        | ille, SC                                                                                                                                             |                           |               |                                                        |                                             |  |  |
|                       |               |                                                                                                                                                      |                           |               |                                                        |                                             |  |  |
|                       |               |                                                                                                                                                      |                           |               |                                                        |                                             |  |  |
| Highest Degree Earn   | ed BS         |                                                                                                                                                      |                           |               |                                                        |                                             |  |  |
| School Attended       | University of | of Florida                                                                                                                                           |                           |               |                                                        |                                             |  |  |
| Field Of Study        | narmacy       |                                                                                                                                                      |                           |               |                                                        |                                             |  |  |
| /olunteer Experience  | •             |                                                                                                                                                      |                           |               |                                                        |                                             |  |  |
| _eadership Greenville |               |                                                                                                                                                      |                           |               |                                                        |                                             |  |  |
| 2017 LG Class 44      |               |                                                                                                                                                      |                           |               |                                                        |                                             |  |  |
| Project Rx,           |               |                                                                                                                                                      |                           |               |                                                        |                                             |  |  |
| 2015 to present       |               |                                                                                                                                                      |                           |               |                                                        |                                             |  |  |
| South Carolina Societ | y of Healths  | ystem Pharma                                                                                                                                         | cists                     |               |                                                        |                                             |  |  |
| -                     | -             |                                                                                                                                                      |                           |               | ommission to which you a<br>se needs to determine ways |                                             |  |  |
|                       |               | -                                                                                                                                                    |                           | -             | sible services related to the                          |                                             |  |  |
| drugs.                |               |                                                                                                                                                      |                           |               |                                                        |                                             |  |  |
|                       |               |                                                                                                                                                      |                           |               |                                                        |                                             |  |  |
|                       |               |                                                                                                                                                      |                           |               |                                                        |                                             |  |  |

| How many hours/week are you available to give to this board of commisission?                                                                                         | 4     |       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|--|
| Have you ever attended a meeting of this board or commission?                                                                                                        | Yes   | χΝο   |  |
| Are you available to meet at the regularly scheduled date and time of the board or commission meeting?                                                               | X Yes | No 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   | X No  |  |
| Do you or any member of your immediate family receive direct services from this board?                                                                               | Yes   | X No  |  |
| Have you ever been convicted of a crime other than a minor traffic violation? If so, please give details                                                             | Yes   | X No  |  |
|                                                                                                                                                                      |       |       |  |
| Do you <u>currently hold any elected or appointed office or commission?</u>                                                                                          | No    |       |  |
| If yes, list                                                                                                                                                         |       |       |  |
|                                                                                                                                                                      |       |       |  |
|                                                                                                                                                                      |       |       |  |
|                                                                                                                                                                      |       |       |  |
|                                                                                                                                                                      |       | No    |  |
| Have you <u>previously</u> held any elected or appointed office or commission?<br>If yes, list                                                                       |       |       |  |
|                                                                                                                                                                      |       |       |  |
|                                                                                                                                                                      |       |       |  |
|                                                                                                                                                                      |       |       |  |
| Have you ever been fined for any ethics violations? No                                                                                                               |       |       |  |
|                                                                                                                                                                      |       |       |  |
|                                                                                                                                                                      |       |       |  |
|                                                                                                                                                                      |       |       |  |
| Have you ever been subject to penalty relating to a violation of State ethics standard<br>If so, please explain                                                      | ds?   | No    |  |
|                                                                                                                                                                      |       |       |  |
|                                                                                                                                                                      |       |       |  |
| Are you current in payment of Greenville County property taxes?                                                                                                      | X Yes | No    |  |

## If applying for the <u>Accomidations Tax Advisory Committee</u> the <u>Construction Board of Appeals</u> or the <u>Historic Preservation Commission</u> please check the box that applies to your field of employment or expertise:

| 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.

| Sig | natu | ire |
|-----|------|-----|
|-----|------|-----|

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.