

Staff Use Only:

Council District 24

This application is a

Reappointment

New Appointment

Attendance Record: _____

GREENVILLE COUNTY BOARDS AND COMMISSIONS APPLICATION

Thrive Upstate (Disabilities and Special Needs)

(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 James Baucom

Home Address 211 McDaniel Avenue City Greenville

Zip 29601 Home Phone 864 323 3244 Work Phone _____

Occupation Retired

Employer None

EmployerAddress NA

Highest Degree Earned BS

School Attended UNC-Chapel Hill

Field Of Study Industrial Relations

Volunteer Experience _____

Board Chair, Roper Mtn Science Center

Board Chair, Junior Achievement of Greenville

Budget Review Panel, United Way of Greenville

Advisory Board Member, Junior League of Greenville

Baseball and soccer coach, YMCA of Greenville

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

To provide oversight, counsel, and guidance to the Thrive Upstate management team.

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

Having served on the Thrive Upstate Board for the past 5 years, and as Treasurer for the last 3, I have in-depth knowledge of

its history, its lessons-learned, and its future goals. I also have a thorough understanding of its critical financial

indicators/warnings and how to maximize its budget achievements as well as avoid economic missteps.

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

3-5 hours

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?

Yes

If yes, list Treasurer, Thrive Upstate Board of Directors

Have you previously held any elected or appointed office or commission?

Yes

If yes, list Treasurer, Thrive Upstate Board of Directors

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.