Staff Use Only:						
Council District	24	This application is a	Reappointment	X New Appointment		
			Attendance Record:			

GREENVILLE COUNTY BOARDS AND COMMISSIONS APPLICATION
Greenville Co Museum of Art  (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 X Mrs Ms Miss Name Julie Garrett
Home Address 403 McDaniel Ave City Greenville
Occupation family therapist
Employer Palmetto Therapy Associates
EmployerAddress 1206 NE Main ST
Simpsonville, SC 29681
Highest Degree Earned EdS
School Attended Emory University, Converse College
Field Of Study Political Science, Family Therapy
/olunteer Experience
Board Member: A Child's Haven, Greenville Mental Health (board Pres), American Cancer Society, Greenville County
Museum of Art Association (board Pres). Member of Greenville Women Giving, trained as a docent at the museum in 1979
and volunteering since then (leading tours, working on Antique Show)
Describe your understanding of the role of a member of the board or commission to which you are applying Be an advocate for the art museum in the community, provide oversight for the budget, programs and expenditures of the
museum
What specific skills do you believe you could contribute as a member of this board or commission?  Historical perspective about the museum over the past forty years since beginning as a docent, potential fundraising, strategic
planning
pianning

How many hours/week are you available to give to this board of commissission?		3-5		
Have you ever attended a meeting of this board or commission?	X	Yes		No
Are you available to meet at the regularly scheduled date and time of the board or commission meeting?	X	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	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	х	No
Do you <u>currently</u> hold any elected or appointed office or commission?		No		
If yes, list	-	110		
• /				
Have you <u>previously</u> held any elected or appointed office or commission?  If yes, list Greenville Mental Health				Yes
If yes, list Greenville Mental Health				
Have you ever been fined for any ethics violations?  No  lf so, please explain				
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?	х	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:

Tourism Industry	Acco	ommodations Tax Comm.	Con	struction Board of Appeals			
Restaurant   Electrical Engineer / Contractor   Design/Architectural / Professional Contractor   Structural Engineer / Contractor   Structural Engineer / Contractor   Archeologist   Plumbing Engineer / Contractor   Historian   Architect   Member of Historic Preservation Group   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.  If understand my appointment to the board for which I am applying will not result in me receiving any compensation for my service.  If 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.		Tourism Industry		Architectural			
Hotel Management  Design/Architectural / Professional Contractor  Structural Engineer / Contractor  Historic Preservation Comm.  Mechanical Engineer / Contractor  Historian  Architect  Member of Historic  Preservation Group  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.		Cultural / Arts		Fire Protection Eng / Contractor			
Historic Preservation Comm.  Archeologist Historian Architect Member of Historic Preservation Group  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.		Restaurant		Electrical Engineer / Contractor			
Historic Preservation Comm.  Archeologist Historian Architect Member of Historic Preservation Group  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.		Hotel Management		•			
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within a year may result in my removal from the board.							
Signature Date							
	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.