

Staff Use Only:

Council District 26 This application is a Reappointment New Appointment
Attendance Record: _____

GREENVILLE COUNTY SPECIAL TAX DISTRICT APPLICATION

Canebrake Fire Department Commissioner

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 Mark R Jones

Home Address 823 S Old Fairview Rd **City** Fountain Inn

Occupation Retired from Michelin, hobby farmer

Employer _____

Employer Address _____

Volunteer Experience

Greenville County Planning Commission

Freedom Weekend Aloft Steering Committee for 20 years

Volunteer with Fountain Inn Christmas Carriage Rides

Community volunteer for those in need

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

Manage the administrative functions for the fire department.

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

I've had experience managing medium sized groups at Michelin and planned and coordinated multi-million dollar budgets for a mixing group. I've had industrial fire training at Michelin and Oconee Nuclear Station. My family was involved with Canebrake Fire Department since it's inception. My brother and sister-in-law were there in the beginning. I would like to be able to continue that contribution from our family to the community.

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 Greenville County Planning Commission

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.