

**Staff Use Only:**

Council District 23

This application is a

Reappointment

New Appointment

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

## GREENVILLE COUNTY BOARDS AND COMMISSIONS APPLICATION

Council on Alcohol and Drug Abuse

(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 Asa T. Briggs

Home Address 25 Drpaper Street City Greenville

Occupation Psychiatric Nurse Practitioner

Employer Briggs Psychiatry and Behavioral Health,PC

EmployerAddress 1007 Pendleton Street  
Greenville, SC 29611

Highest Degree Earned Doctorate

School Attended Clemson University

Field Of Study Psychiatry

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

Clemson alumni Board of Directors --engage alumni by serving on engagement and philanthropy committees

Clemson Black Alumni Council --engage the university around Diversity, Equity and Inclusion strategies

United Way of Greenville --community services projects

Martin Luther King Jr Day of Greenville County --volunteer for service outreach

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

The Commission on Alcohol and Drug Abuse is operationalized at the Phoenix Center. The Phoenix Center's mission is to care for the citizens of Greenville County who have been affected by alcohol and drug abuse. Commissioners are responsible for aiding the Phoenix Center in policy, best practices, and evidence-based interventions and treatments aimed at preventing substance use disorders.

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

The Phoenix Center's philosophy is substance use disorders are preventable and treatable when a proactive approach is employed. My expertise in psychiatry is a value added to the Commission. Individuals with substance use disorders often have co-occurring mental health disorders. I can assist with the development of best practices standards, and policies for the treatment of co-occurring mental health and substance use disorders.

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

3-4

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.