

Staff Use Only:

Council District 23

This application is a Reappointment

New Appointment

Attendance Record: _____

GREENVILLE COUNTY BOARDS AND COMMISSIONS APPLICATION

THRIVE UPSTATE

(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 GEORGIA THOMPSON

Home Address 2103 PARKER CONE WAY City GREENVILLE SC

Occupation RETIRED

Employer NA

EmployerAddress NA

Highest Degree Earned MACHINE SHOP THEORY & SECRETARIAL SCIENCE

School Attended GVILLE TECH COL

Field Of Study BUSINESS & BANKING

Volunteer Experience _____

1 FOUNDER/VICE-CHAIR GCDDBC SC

2 GREENVILLE CIVITAN

3 ACDSNB (current board member)

4 GREENVILLE NAACP

5 GCDW

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

To oversee, manage and be an advocate for the financial and individual needs of the mentally challenged and others with cognitive disabilities attending Thrive Upstate.

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

My first grandchild (Dekaris Dillard) was born with Autism. He is now 30 years old and for years his mother and I have had to learn how to maneuver thru a very complicated and time consuming process of qualifying him for government financial services and benefits appropriated for individuals with mental or cognitive special needs and disabilities. I have 30 years of experience to pass on to other families

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

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
na

Do you or any member of your immediate family receive direct services from this board? Yes No
na

Have you ever been convicted of a crime other than a minor traffic violation? If so, please give details Yes No
na

Do you currently hold any elected or appointed office or commission? Yes _____

If yes, list Anderson County Disabilities & Special Needs Board

Have you previously held any elected or appointed office or commission? No _____

If yes, list na

Have you ever been fined for any ethics violations? No
If so, please explain na

Have you ever been subject to penalty relating to a violation of State ethics standards? No
If so, please explain na

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.