



SALUDA COUNTY LEGISLATIVE DELEGATION APPLICATION - BOARDS AND COMMISSIONS

111 Law Range Street, Saluda, South Carolina 29138

Phone: 864-445-4500 ext: **2209**

Voter Registration # _____

(Must be an active registered voter in Saluda County)

SENATE DISTRICT _____

HOUSE DISTRICT _____

Your nomination process will not be complete until this application is filed in the Legislative Delegation office. Please be advised that a credit and criminal history background is done on all boards and commissions after Delegation recommendation to the Governor. Answer all questions truthfully and provide additional information on attached sheet(s), if necessary. Thank you.

PLEASE PRINT ALL INFORMATION LEGIBLY

1) Your Name _____
Last, First, Middle

2) Name of Board/Commission/Position you desire to be considered for:

3) Are you aware of the Board/Commission/Position activities and responsibilities? () Yes () No
If no, please contact them or this office regarding a copy of their guidelines/policies.

4) Is this request for? () New Appointment () Reappointment

5) Current Address: _____
(Street, City, State, Zip code) _____

6) Valid mailing address: _____
(Street, City, State, Zip code) _____

7) Home Telephone # _____ 8) Office Telephone # _____

9) Cell Telephone # _____ 10) Fax # _____

11) Email Address: _____
Valid email address **REQUIRED by Governor's Office**

12) Are you a resident of Saluda County? () Yes () No *If no, what county?* _____

*One form per request to appoint. Separate application required for each request and only ONE will be considered at a time. Multiple applications will be held on file; therefore, it is important that you prioritize your request(s).

13) How long have you lived in South Carolina? _____

14) Level of educational background:

High School Graduate/GED Yes No Where: _____

Some College Yes No Where: _____

College Graduate Yes No Where: _____

If professional degree (please specify) _____

15) Present Employer _____

Address _____

16) Do you currently serve or have you served/volunteered on any local, state, or community boards appointed or elected? Yes No

Please list below and use extra page, if necessary, and attach to this form.

17) Do you have any interest(s) in any business(es) that has/have (is/will) do business with the State of South Carolina or the entity for which you are applying?

Yes No *If yes, give details* and use extra page, if necessary:

18) Why would you like to serve on this Board/Commission/Position?

19) Have you ever been convicted of a crime other than a minor traffic violation?

Yes No *If yes, explain* and attached sheet, if necessary.

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Initial _____ I understand this appointment will require substantial effort on my part and I am willing to devote the necessary time to carry out the responsibilities and requirements of the position.

Initial _____ I understand that my appointment to this Board/Commission/Position may/will require some training and/or certification, and if selected to serve, I agree to give the time necessary for such training and/or certification.

Initial _____ I understand that my attendance at all meetings is important. I hereby agree to attend all of the stated and called meetings of this entity to which I am being considered for appointment, and I further agree that I will resign my appointment should I miss three consecutive meetings or half of the meetings within a six-month period UNLESS EXCUSED by the chair prior to the meeting, for reasons beyond control; i.e., illness, death in family.

Initial _____ I understand that some Boards and Commissions may require that I not be politically involved with any particular party/candidate and that I will abide by their guidelines, policies and procedures.

CERTIFICATION OF APPLICANT

By signing below, applicant certifies that his/her statements are true, accurate, and complete, and that he/she knows and agrees that any misrepresentation or omission of the facts may result in his/her being disqualified or being discharged should he/she already be recommended for appointment by the Saluda County Legislative Delegation to the Governor of South Carolina. I understand that my application will be considered by the Saluda County Legislative Delegation and may or may not be voted upon for recommendation to the Governor of South Carolina for appointment. I further understand that if I am selected for service, I will receive written confirmation from the appropriate appointing authority.

Initial _____ I understand that the Governor’s Office and/or its agents may/will conduct credit and/or criminal background checks and that information can be used for or against an appointment on a board/commission/position for Saluda County. PLEASE SIGN BELOW IN FRONT OF NOTARY.

Applicant’s Signature

Notary Signature

Please print applicant name

Please print notary name

Date in presence of notary, must be same

Date in presence of applicant, must be same

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