

GEORGETOWN COUNTY LEGISLATIVE DELEGATION

Georgetown County Courthouse
PO Box 421270
Georgetown, SC 29442
Telephone: (843) 545-3029
Fax: (843) 545-3266

Appointment Sought (Bd. or Comm.): _____

Name: _____

Permanent Address: _____

Mailing Address (if different from Permanent Address): _____

Voter Registration Number: _____

Current Employment Information:

Occupation: _____

Employer: _____

Business Address: _____

Phone Numbers: (H) _____ (W) _____ (C) _____

(E-Mail Address) _____

Community Service/Civic/Church Background Information:

Personal/Professional Interest in This Board or Commission:

Dual Office Holding: Do you presently serve on any County of State Board or Commission? If so, please list board or commission

Circle or Highlight Answer:

Is there any way that you or a member of your family would stand to benefit financially by your service on this board or commission?
Yes No

Have you ever been employed or had any involvement with this board or commission that would be reflected either positively or negatively in your service?
Yes No

Have you ever been convicted of a crime (excluding traffic violations)?
Yes No

IF YOU ANSWERED "YES" TO ONE OR MORE OF THE ABOVE QUESTIONS, PLEASE EXPLAIN ON THE BACK OF THIS PAGE.

If appointed, I understand that I will be expected to attend all meetings of that board or commission. The only reason I would not attend would be because of illness or pressing personal commitments. I also understand that if I am absent from three (3) consecutive meeting without a valid reason, the Delegation could consider this as a voluntary resignation. By acceptance of the appointment, I agree to these attendance regulations and pledge my time and abilities to serve on any board or commission to which I am appointed.

Date: _____

Signature of Applicant: _____