

This section for office use only

Council District 24

This application is a: Reappointment

New Appointment

GREENVILLE COUNTY BOARD AND COMMISSION APPLICATION for County-wide Boards

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.

Mr Mrs
Ms Dr

Name: WILLIAM DEBERNIERE MEBANE (BERN)

Home Address: 119 CRESCENT AVE. City: GREENVILLE Zip: SC

Email Address: BMEBANE@CRESCENTSC.COM

Occupation: NEWSPAPER PUBLISHING Employer: CRESCENT PUBLISHING CO

Employer Address: 24 VANDAY ST
GREENVILLE, SC

School attended: UNC; CLEMSON-FORMAN; USC-SPTSG.; UNC EXECUTIVE PROGRAM ^{BOB JAMES}

Highest degree earned: BA Field of Study: CLASSICS; BUSINESS; CHRISTIAN
IN USA CERTIFICATES; BIBLE STUDY

Volunteer Experience (Please list and describe): VP - GREENVILLE CHAMBER; PRESIDENT - UNITED WAY
VICE-CHAN - GOODWILL INDUSTRIES; PRESIDENT - GUL ASSOCIATION FOR RETARDED CITIZENS
CHAN - URBAN LEAGUE; CHAN - GREENVILLE HOSPITAL (HEALTH) SYSTEM; CHAN - HEALTH CARE OF
GMS; VESTRY WARDEN - CHRIST CHURCH; VICE-CHAN S.C. STATE MENTAL RETARDATION
COMM. (NOW DEPR); VARIOUS OTHERS

Describe your understanding of the position for which you are applying. SET POLICY + OVERSEE ACTIVITIES
IN GREENVILLE CO. OF THE DEPT OF DIS + SPECIAL NEEDS - FROM ALL CITIZENS OF
ALL ABILITIES WHO FALL INTO THE CLASS OF THOSE ELIGIBLE FOR SERVICES
TO THOSE WHO WILL IN THE FUTURE.

What specific skills do you believe you could contribute as a member of this board or commission?
PRES. OF GARC WHEN CO. WRC WAS STARTED IN '90'S. HELPED SECURE THE HOLLIS
CENTER ON RIDGE ROAD. SERVED 6 YEARS ON STATE MRC DURING DE-INSTITUTIONAL-
IZATION. PARENT OF 2 SPECIAL NEEDS CHILDREN.

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 meetings? Yes No

If appointed, will you pledge to faithfully attend the meetings? Yes No

How many hours/week are you available to give to this board of commission? 20+

Do you, any member of your 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 yes, please explain: _____

Do you reside in a municipality?

Yes No

If yes, please name GREENVILLE

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

Yes No

If yes, please give details. _____

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

Yes No

If yes, list GREENVILLE HOSPITAL SYSTEM - HEALTH CORPORATION
(TERM ENDS IN DEC 2013)

Have you previously held any elected or appointed office or commission?

Yes No

If yes, list CHAIRMAN GVL HOSPITAL SYSTEM; COMMISSIONER
+ VICE-CHAN OF S.C. MENTAL RETARDATION COMMISSION
(NOW THE DEPT OF DIST S/W)

Have you ever been fined for any ethics violations?

Yes No

If yes, please explain: _____

Are you current in payment of Greenville County property taxes?

Yes No

If applying for the Accommodations Tax Advisory Committee or the Construction Board of Adjustments and Appeals, please check the box that applies to your field of expertise:

- Tourism Industry
- Cultural / Arts
- Restaurant
- Hotel Management

- Architectural
- Fire Protection Eng /Contractor
- Electrical Engineer /Contractor
- Design/Architectural /Professional Contractor
- Structural Engineer /Contractor
- Mechanical Engineer /Contractor
- Plumbing Engineer /Contractor

Statement of Agreement and Understanding

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.

Signature

[Handwritten Signature]

Date

10/29/13