|                   | This section for office use only     | 327 | ·*···································· |
|-------------------|--------------------------------------|-----|--|
| Council District: | This application is a: Reappointment |     |  |

## GREENVILLE COUNTY BOARD AND COMMISSION APPLICATION for County-wide Boards

| Name of Board or Commission to which you are applying: Alcohol and Dr   | ug Commission<br>iuring any disction o | na ser for<br>Victoria |
|---|--|------------------------|
| Mr. Mrs. Name Mr. Charles E. Shipman  |  |                        |
| Home Address: 2 Roe Court City: Greenville SC Zip: 29617  |  |                        |
|   |  |                        |
|   |  |                        |
|   |  |                        |
| Occupation: Building Inspector Employer: Self Employed  |  |                        |
| Employor. Con Employor  |  |                        |
| School attended: Greenville Tech.   |  |                        |
| Highest degree earned: Management Science Field of Study: Business  | Management                             |                        |
| Volunteer Experience (Please list and describe):  |  |                        |
| 10 Years South Carolina Association of Home Inspectors, 3 as Chairman.  |  |                        |
| 7 years Greenville County Alcohol and Drug Abuse Commission   |  |                        |
| Describe your understanding of the position for which you are applying.   |  |                        |
| To provide Treatment and Education for Prevention of Alcohol and Drug Abuse.  |  |                        |
| What specific skills do you believe you could contribute as a member of this board  | for commission?                        |                        |
| I have served seven years with five as Chairman. Worked in Fund Raising, Constraint many other aspects of a business this size.                 | ruction Oversight and                  |                        |
|   |  |                        |
| How many hours per week are you able to commit to this board or commission?   | 20 +                                   |                        |
|   | Yes                                    |                        |
| Are you available to meet at the regularly scheduled date and time of the board Aboninission meetings?  | Yes                                    |                        |
| po you any member by you immediate family, or a business with which you do a lamily member is associated, provide goods and/or services to this | No                                     | ion Instructions       |

| board for payment?<br>If yes, please explain:  | No   |   |  |  |
|--|--|---|--|--|
| Do you or any member of your immediate famithis board? If yes, please explain:   | No ,   |   |  |  |
| Do you reside in a municipality? If yes, please name   |  | <b>No</b>   |  |  |
| Have you ever been convicted of a crime other If yes, please give details.   | No   |   |  |  |
| Do you <u>currently</u> hold any elected or appointed If yes, list   | Yes  |   |  |  |
| Alcohol and Drug Commission  |  |   |  |  |
| Have you <u>previously</u> held any elected or appoint if yes, list  | No   |   |  |  |
| Have you ever been fined for any ethics violation of the second of the s | No   |   |  |  |
| Are you current in payment of your Greenville  | Yes  |   |  |  |
| If applying for the <u>Accommodations Tax Advisory</u> please check the box that applies to your field of em   |  | l of Adjustments and Appeals  |  |  |
| ☐Tourism Industry☐Cultural / Arts☐Restaurant☐Hotel Management  | □Electrical Engineer /Cont<br>□Design/Architectural /Pro<br>□Structural Engineer /Cont<br>□Mechanical Engineer /Co | □ 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 attest 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 may result in my removal from the board.

Signature Charles E. Shipman

Date 1/10/2014