Staff Use Only:						
Council District	23	This application is a	X Reappointment	New Appointment		
			Attendance Record:	100%		

GRE	ENVILLE COUN	TY BOARDS AND COMMISSIONS APPLICATION					
	(Name	Human Relations					
	(Name of Board or Commission to which you are applying						
		apply to serve on one board or commission during any election cycle.					
In orde	r 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 Mis	s Name Ethan Johnstone					
Home Address	34 2nd St	City Greenville					
**Vou must bo r	registered to yete in Green	ville County at the time of application					
Occupation	Graduate Student	The County at the time of application					
Employer							
EmployerAddres	ss						
Highest Degree	Earned Bachelors						
School Attended	d Winthrop University						
Field Of Study	Social Work						
Volunteer Exper	ience						
Member and train	ner for Greenville Health Sys	stem's LGBT Patient Care Collaborative: provide consultation on best practices for					
lesbian, gay, bise	exual, and transgender patie	nts. Train GHS providers and staff alongside GHS diversity department.					
		the state's advocacy organization for the lesbian, gay, bisexual, transgender, and					
queer community	<u>/.                                    </u>						
-	_	a member of the board or commission to which you are applying					
-		nmission work to make Greenville County a positive community for all residents to and executive director of the HRC, and work with County Council members to					
-	and positive community relati	•					
What specific sk	kills do you believe you cou	uld contribute as a member of this board or commission?					
I am passionate a	about equality in all areas, in	ncluding gender and sexuality, race, and ability. I am outspoken about equal rights					
		al worker, I have a unique position of viewing residents, communities, and					
	-	listic, empowerment perspective. As a transgender person I have experienced my					
share of discrimination and I use that experience to improve outcomes for others.							

How many hours/week are you available to give to this board of commissission?		5		
Have you ever attended a meeting of this board or commission?	X	es		No
Are you available to meet at the regularly scheduled date and time of the board or commission meeting?	X Y	es	<u> </u>	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?	Y	es es	X I	No
Do you or any member of your immediate family receive direct services from this board?	Y	es	X I	No
Have you ever been convicted of a crime other than a minor traffic violation? If so, please give details	Y	es	X I	No
Do you <u>currently</u> hold any elected or appointed office or commission?	_	Yes		
If yes, list Current board member on Human Relations Commission				
Have you <u>previously</u> held any elected or appointed office or commission?				No
If yes, list				
Have you ever been fined for any ethics violations?  If so, please explain				
Have you ever been subject to penalty relating to a violation of State ethics standards if so, please explain	s?		No	
Are you current in payment of Greenville County property taxes?	X	Yes		No

## If applying for the <u>Accomidations Tax Advisory Committee</u> the <u>Construction Board of Appeals</u> or the <u>Historic Preservation Commission</u> please check the box that applies to your field of employment or expertise:

Accommodations Tax Comm.	Construction Board of Appeals				
Tourism Industry	Architectural				
Cultural / Arts	Fire Protection Eng / Contractor				
Restaurant	Electrical Engineer / Contractor				
Hotel Management	Design/Architectural / Professional Contractor				
	Structural Engineer / Contractor				
Historic Preservation Comm.	Mechanical Engineer / Contractor				
Archeologist	Plumbing Engineer / Contractor				
Historian					
Architect					
Member of Historic Preservation Group					
<u>Statement</u>					
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 a and that it has been received by the County Coun	pplication is submitted within the application period cil 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.