

**Staff Use Only:**

Council District 25

This application is a  Reappointment

New Appointment

Attendance Record: \_\_\_\_\_

**GREENVILLE COUNTY BOARDS AND COMMISSIONS APPLICATION**

Alcohol and Drug Abuse Commission

**(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.**

**In order 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  Miss **Name** Brittany Whitley

**Home Address** 118 Laurel View Ln **City** Greenville

**Occupation** Community Outreach Director

**Employer** BeWell Home Services

**EmployerAddress** 429 N. Main Street Suite C  
Greenville, SC 29601

**Highest Degree Earned** Bachelors of Science

**School Attended** North Greenville University

**Field Of Study** Health Promotion and Wellness

**Volunteer Experience** \_\_\_\_\_

Mitchell Road Presbyterian - Stephen Ministry and the Service to the World Committee

Grace Church on Pelham - Hands on Greenville Day

American Heart Association - Office Management and community events

**Describe your understanding of the role of a member of the board or commission to which you are applying** \_\_\_\_\_

Serve the Greenville Community by studying and providing affordable, high-quality and accessible services to reduce the negative impact Alcohol and drug abuse has on the individual, family, society and economy.

**What specific skills do you believe you could contribute as a member of this board or commission?** \_\_\_\_\_

I believe I can provide a unique skill set to the Commission with my health care background, public health training, and personal experience. I have a degree and professional training in Public Health, and a family history of Alcohol abuse.

How many hours/week are you available to give to this board of commission? 15

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 meeting?  Yes  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?  Yes  No

Do you or any member of your immediate family receive direct services from this board?  Yes  No

Have you ever been convicted of a crime other than a minor traffic violation? If so, please give details  Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently hold any elected or appointed office or commission? No

If yes, list \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you previously held any elected or appointed office or commission? No

If yes, list \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been fined for any ethics violations? No  
If so, please explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been subject to penalty relating to a violation of State ethics standards? No  
If so, please explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you current in payment of Greenville County property taxes?  Yes  No

If applying for the Accommodations Tax Advisory Committee  
the Construction Board of Appeals or the Historic Preservation Commission please check  
the box that applies to your field of employment or expertise:

**Accommodations Tax Comm.**

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

**Historic Preservation Comm.**

- Archeologist
- Historian
- Architect
- Member of Historic  
Preservation Group

**Construction Board of Appeals**

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

**Statement**

*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.*

*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](http://www.greenvillecounty.org) website.