

Staff Use Only:

Council District 18

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 Kim Nelson

Home Address 115 Oak Dr City Greer

Occupation Homemaker

Employer _____

EmployerAddress _____

Highest Degree Earned Masters of Public Health

School Attended Wofford College, University of South Carolina

Field Of Study Health services policy and management

Volunteer Experience _____

SC Parents for Vaccines- Founded a parent-led pro-vaccine advocacy group that seeks to increase vaccination rates through parent-to-parent education. Awarded the CDC Childhood Immunization Champion Award in 2019

Bradshaw Institute for Community Child Health & Advocacy- graduate assistant. Analyzed policy, assisted in child homelessness coalition meetings with other stakeholders, developed and managed school-based health center Tdap vaccine

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

This commission is tasked with understanding and meeting the needs of people suffering from substance use disorders in Greenville County. With the understanding of what drives substance use, the goal of this commission is to then ensure residents have access to resources they need to stay healthy and safe.

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

I believe that my experience in public health would be an asset to this board. I take a systems approach to problem solving and understand that creative solutions and compassion without judgment for vulnerable people are how we reduce substance abuse rates.

How many hours/week are you available to give to this board of commission? 10

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 website.