

**Staff Use Only:**

Council District 24

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 Margie Stevens

Home Address 1337 Laurens View Rd City Greenville

Occupation Addiction researcher & educator

Employer U of SC School of Medicine--Greenville

EmployerAddress Prisma Health Addiction Research Center  
605 Grove Rd, Suite 205  
Greenville, SC 20965

Highest Degree Earned PhD

School Attended University of Memphis

Field Of Study Psychological & Educational Research

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

Mentoring medical students in the area of addiction-prevention, treatment, and recovery, the impact of stigma, and harm reduction.

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

My understanding of this position is to conduct a needs assessment for the community in alcohol and drug abuse and determine ways to address the community's needs in this area.

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

Educator and researcher in addiction with a comprehensive understanding of addiction diagnosis, treatment, recovery, harm reduction, and stigma.

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 Accomidations 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.