Staff Use Only:					
Council District	19	This application is a	Reappointment	X New Appointment	
			Attendance Record:		

	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 ord	er 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 Carmen Burkhalter
Home Address	6 Plyler Dr City Greenville
Occupation	Retired Dean of Arts and Sciences
-	
Employer	N/A
EmployerAddre	The University of Alabama 20 years University of North Alabama 6 years
Highest Degree	Earned Ph.D.
School Attende	
Field Of Study	Communicative Disorders
Volunteer Expe	
	ience
-	rience work for 30 years including local, District and state-wide level. Because alcohol and drug addiction is a
Al-Anon Service	
Al-Anon Service	work for 30 years including local, District and state-wide level. Because alcohol and drug addiction is a
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Al-Anon Service family disorder,	work for 30 years including local, District and state-wide level. Because alcohol and drug addiction is a
Al-Anon Service family disorder,	work for 30 years including local, District and state-wide level. Because alcohol and drug addiction is a have worked with countless women and families for their own recovery.
Al-Anon Service family disorder,	work for 30 years including local, District and state-wide level. Because alcohol and drug addiction is a have worked with countless women and families for their own recovery.  Inderstanding of the role of a member of the board or commission to which you are applying
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Al-Anon Service family disorder,  Describe your to Be part of the B	work for 30 years including local, District and state-wide level. Because alcohol and drug addiction is a have worked with countless women and families for their own recovery.  Inderstanding of the role of a member of the board or commission to which you are applying pard that oversees the Phoenix Center.
Al-Anon Service family disorder,  Describe your to Be part of the Be with the	work for 30 years including local, District and state-wide level. Because alcohol and drug addiction is a have worked with countless women and families for their own recovery.  Inderstanding of the role of a member of the board or commission to which you are applying

How many ho	urs/week are you available to give to this board of commisission?		3-5		
Have you eve	r attended a meeting of this board or commission?		Yes	X	No
	able to meet at the regularly scheduled date and time or commission meeting?	x	Yes		No
• . •	nember of your immediate family, or a business with which by member is associated, provide goods and/or services to payment?		Yes	X	No
Do you or any	y member of your immediate family receive direct services ard?		Yes	x	No
Have you eve	er been convicted of a crime other than a minor traffic If so, please give details		Yes	X	No
Do you <u>currer</u>	ntly hold any elected or appointed office or commission?		No		
If yes, list		•			
	eviously held any elected or appointed office or commission?				Yes
If yes, list	Vice President, Alabama Humanities Foundation (governor appointed)  Alabama Board of Examiners for Speech-Pathology and Audiology (governor appointed)	vernor a	nnointed)		
	Alabama Board of Examiners for opecuting authorogy and Additionally (go	verrior a	рроппса)		
Have you eve	er been fined for any ethics violations? No explain				
Have you eve	er been subject to penalty relating to a violation of State ethics standal explain	rds?		No	
Are you curre	ent in payment of Greenville County property taxes?	х	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:

Tourism Industry	Acco	ommodations Tax Comm.	Con	struction Board of Appeals		
Restaurant   Electrical Engineer / Contractor   Design/Architectural / Professional Contractor   Structural Engineer / Contractor   Structural Engineer / Contractor   Archeologist   Plumbing Engineer / Contractor   Historian   Architect   Member of Historic Preservation Group   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.  If understand my appointment to the board for which I am applying will not result in me receiving any compensation for my service.  If 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.		Tourism Industry		Architectural		
Hotel Management  Design/Architectural / Professional Contractor  Structural Engineer / Contractor  Historic Preservation Comm.  Mechanical Engineer / Contractor  Historian  Architect  Member of Historic  Preservation Group  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.		Cultural / Arts		Fire Protection Eng / Contractor		
Historic Preservation Comm.  Archeologist Historian Architect Member of Historic Preservation Group  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.		Restaurant		Electrical Engineer / Contractor		
Historic Preservation Comm.  Archeologist Historian Architect Member of Historic Preservation Group  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.		Hotel Management		•		
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within a year may result in my removal from the board.						
Signature Date						
	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.