Staff Use Only:					
Council District	21	This application is a	X Reappointment	New Appointment	
			Attendance Record:	100%	

GREE	NVILLE COUNTY BOARDS AND COMMISSIONS APPLICATION  Crospyille County Aleebel & Drug Abuse Commission					
	Greenville County Alcohol & Drug Abuse Commission  (Name of Board or Commission to which you are applying					
A	an individual may only apply to serve on one board or commission during any election cycle.					
In order fo	r your application to be given consideration, it is critical that you answer all of the following questions as completely as possible.					
Mr X Mrs	Ms Miss Name Jane Daniel					
Home Address 1	07 E Shallowstone Rd City Greer					
Occupation RE	TIRED - Director of Donor Relations					
<b>Employer</b> Har	vest Hope Food Bank					
EmployerAddress	White Horse Rd					
LinployerAddress						
Highest Degree Ear	ned MED					
School Attended	Ga State University					
Field Of Study E	Elem Education					
- Volunteer Experienc	ce control of the con					
Greenville County Fo	oster Care Review Board (13C)					
Greenville County Co	ommission on Alcohol & Drug Abuse- (Currently serve as the Secretary on Executive Committee)					
	rstanding of the role of a member of the board or commission to which you are applying ves to assist the citizens of Greenville County and the surrounding area in the prevention, treatment and					
	ance use disorders by offering effective and affordable services.					
	do you believe you could contribute as a member of this board or commission?					
I have extensive expertise in the areas of development. I am an established major gifts fundraiser and have served as a						
Consultant in board d	levelopment, marketing & media for non-profits.					

How many hours/week are you available to give to this board of commissission?	<u>15</u>	15
Have you ever attended a meeting of this board or commission?	X Yes	s No
Are you available to meet at the regularly scheduled date and time of the board or commission meeting?	X Yes	s 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	s X No
Do you or any member of your immediate family receive direct services from this board?	Yes	s X No
Have you ever been convicted of a crime other than a minor traffic violation? If so, please give details	Yes	s X No
Do you <u>currently</u> hold any elected or appointed office or commission?	Yes	es
If yes, list Greenville County Foster Care Review Board 13C		
Have you previously held any elected or appointed office or commission?		Yes
If yes, list Served many years ago as a board member for the state board of Foster	Care Revie	iew.
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?	<u>No</u>
Are you current in payment of Greenville County property taxes?	X Ye	res 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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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.						
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.