-	For Office Use ONLY
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	Attendance Record:
	GREENVILLE COUNTY BOARD AND COMMISSION APPLICATION for County-wide Boards
	Name of Board or Commission to which you are applying: Human Relations Com An individual may only apply to serve on one board or commission during any election cycle.
	Mr. Mrs. J. Name: Julia Mullen Ms. Dr. Name: Julia Mullen Home Address: 2 Vicchio Dr. City: Greenville Zip: 2960
	Home Address: 2 Vicchio Dr City: Greenville Zip: 2960
	Occupation: Retired Psychiatric Employer Address: Former Employer 124 Mallard St. Employer Address: Former Employer 124 Mallard St. Greenville St. 29601
	Social Worker Itealth Cen
	Employer Address: Employer 124 Mallard St Greenvilless 29631
	School attended: University of South Caroling
	Highest degree earned: MASters Degree Field of Study: Social Work
	Volunteer Experience (Please list and describe): LONG TEIM VOLUNTER/ GS Q NOMCION SERVICES PROVIDER Member of BOAND of
	Directors and past chair of United Housing
	Allique Volunter at st Anth-no of Padya Cath
	at risk of homelessness with helping thing
	Describe your understanding of the position for which you are applying. A-Efor dab'r housing
	promote and insure that all persons including
	- The most uninerable such as the nome past
	need have appropriate opportunities for
	What specific skills do you believe you could contribute as a member of this board or commission?
	Experience with serious mentally ill pipulation
	home liss and housing development
	not working with homeless scrulic provider
	And non protet housing angamizations

## Statement of Agreement and Understanding

By my signature, I attest 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.

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\_\_\_\_ Date\_\_\_\_\_22-2°21 Signature

## 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.