Council District: 26 New Appointment: Reappointment: ✓ A	Attendance Record: 1	00%	Attended Meeting: \	/
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# **BOARD AND COMMISSION APPLICATION**

# Alcohol and Drug Abuse Commission

The Alcohol and Drug Abuse Commission meets at 5:30 p.m. on the 4th Thursday of each month at 1400 Cleveland Street in Greenville.

Personal Information						
Name:	Louise Poole					
Prefix:	Mrs.	Birthdate:				
Home Address:		City/State/Zip:				
Email:		Phone #:				
Voter Registration #:		Driver's License #:				
Employer:	Retired	Occupation:	N/A			
Highest Degree Earned:	College	School Attended:	Brenau Collefe			
Year of Graduation:	1976	Field of Study:	Business Administration			
Linked In Profile:		Social Media Profile:				
Experience / Certifica	itions / Interest					
Military Experience:						
NA						
Certifications:						
NA						
Civic Organizations / Oth	ner Affiliations:					
NA						
Volunteer Experience (ple	ease list and describe):					
Crampilla County Alcohol and Drug Abusa Commission Segretary, Crampilla County FactorCare Devicey Board (county						

Greenville County Alcohol and Drug Abuse Commission, Secretary. Greenville County FosterCare Review Board (served as Chair), Greenville County Guardian Ad Litem, Reedy Fork Baptist Church Chair of Personnel Committee.

#### My interest in serving on the Alcohol and Drug Abuse Commission is:

I hope to continue to give back to the community who has given so much to me. In my years on the commission, I have never missed a Commission Meeting, I have served in many capacities and will be available to continue to grow in knowledge and awareness of the needs in Greenville and her surrounding communities we serve.

#### Describe your understanding of the position for which you are applying:

This position requires commitment. I have served as Chair of the Community Outreach Committee and currently serve on the Executive Board as Secretary. I also served as the Liaison to the fund raising arm of the Phoenix Center, The Family Effect.

#### Describe your strengths or skills that would positively contribute to the Alcohol and Drug Abuse Commission:

I am a people person, I work well with our Commissioners, and will continue educating myself on prevention as we work to heal our community of the dangers of alcohol and drugs. I have a 41 year old son who has suffered from drug and alcohol abuse for 30 years. I know the helpless feeling.

## My community topics of concern that relate to the Alcohol and Drug Abuse Commission are:

Through hard work and outside funding, I hope The Phoenix Center reaches all four corners of our county. It's important that

#### Qualifiers / Areas of Expertise Please check the box(es) that apply to your field of employment or expertise: Attorney / Paralegal Counseling Education Finance Grant Coordinator Human Relations Law Enforcement Medicine Pastoral Social Work Other elected or appointed offices / Ethics / Legal Do you currently hold an elected or appointed office or commission? O No Yes If yes, please list: Greenville County Council's Alcohol and Drug Abuse Commission Have you <u>previously</u> held an elected or appointed office or commission? Yes O No If yes, please list: FosterCare Review Board, Greenville County Council's Alcohol and Drug Abuse Have you ever been fined for an ethics violation? Yes No If yes, please explain: Have you ever been convicted of a crime other than a minor traffic violation? Yes No If yes, please give details: Are you currently, or have you ever been, a part or party to any litigation with or against Greenville County? Yes No If yes, please explain: Additional Questions Would you be willing to submit to a criminal background check and/or credit check? Yes O No Are you aware of the meeting schedule and time commitment for the Alcohol and Drug Abuse Commission? Yes O No Have you attended a meeting of the Alcohol and Drug Abuse Commission? Yes O No Are you aware of the County's attendance policy as it relates to boards and commissions? Yes O No Yes O No Are you aware this is not a compensated position? Conflict of Interest It is the policy of Greenville County to require disclosure of any personal or financial interest that may be influenced by decisions of the Committee, Board or Commission for which any citizen applies for membership. Do you or a member of your immediate family provide goods and/or services to this board? Yes No If yes, please explain: Do you or a member of your immediate family receive direct services from this board? Yes No If yes, please explain: Do you or a member of your immediate family financially benefit from the actions of this board? Yes No If yes, please explain: Does your employer provide goods and/or services to this board? Yes No

If yes, please explain:

Does your employer receive direct services from this board?  If yes, please explain:	○ Yes	No
Does your employer financially benefit from the actions of this board?  If yes, please explain:	○ Yes	No

### Statement of Agreement and Understanding

**Electronic Signature Agreement.** By selecting the "Submit" button, you are signing this Application electronically (e-signature), you agree your "e-signature" is the legal equivalent of your manual signature on this Application. Additionally, you agree to and attest to the following:

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 have read the Greenville County Board and Commission Policy and I understand the rules of conduct for the seat for which I am applying.

I understand my lack of attendance for three (3) consecutive meetings or 25% of all regular scheduled meetings within a year may result in my removal from the board.

I understand that I serve at the pleasure of County Council and all appointments are subject to the Ethics, Government Accountability, and Campaign Reform Act, S.C. Code Ann. Section 8–13–100 et. seq., and any member appointed to a board or commission whose action is inconsistent or may be perceived to be inconsistent with the spirit or intent of the Act may be subject for removal.

I understand that information provided in this application may be subject to South Carolina Freedom of Information disclosure.

Signature: Louise Poole Date: 3/3/2024

Applicants are encouraged to notify their representing Council Member of their interest to be considered for a desired board seat.