

APPLICATION

DARLINGTON COUNTY BOARDS/COMMISSIONS

	Middle	?		Last	
Street Address:					
Mailing Address:		City	State		ZIP
Mailing Address:		City	State		ZIP
lome Phone: ()	Other Phone: ()		mobile	work	other
mail:					
Are you a legal resident of Da	rlington County? Yes	No			
Are you a registered voter in L	Darlington County? Yes	No			
Which County Council District	do you reside in (see list on back)?				
Do you have any personal con	nections with this Board				
or this Board's work that may	pose a conflict of interest?	If yes,	, describe:		
mployer:	Occ	cupation:			
Employer's Address:		City	State		ZIP
		,			
Why would you like to serv	e on this Board/Commission?				
	e on this Board/Commission?	ld enhance you	r contributions t	o this Board/	/Commissi
List you experience, educat				o this Board/	/Commissi
List other Boards/Committe	cion, skill, or interest which wou	serve and dates	5:	o this Board/	/Commissi

Please return to: Clerk to Council, 1 Public Square, Room 210, Darlington, SC 29532, or fax to 843-398-9679, or return to your County Council Representative. Form can be obtained at www.darcosc.com. For additional information, call 843-944-8270 or email jbishop@darcosc.net.