



APPLICATION

DARLINGTON COUNTY BOARDS/COMMISSIONS

Name of Board/Commission you wish to serve on: _____

Name: _____
First Middle Last

Street Address: _____
City State ZIP

Mailing Address: _____
City State ZIP

Home Phone: () Other Phone: () mobile work other

Email: _____

Are you a legal resident of Darlington County? Yes No

Are you a registered voter in Darlington County? Yes No

Which County Council District do you reside in (see list on back)?

Do you have any personal connections with this Board
or this Board's work that may pose a conflict of interest? If yes, describe: _____

Have you been convicted of or plead guilty to a felony or misdemeanor within the last 5 years?
If yes, explain completely: _____

Employer: _____ Occupation: _____

Employer's Address: _____
City State ZIP

Why would you like to serve on this Board/Commission? _____

List your experience, education, skill, or interest which would enhance your contributions to this Board/Commission: _____

List other Boards/Committees/Organization on which you serve and dates: _____

If appointed, will you pledge to faithfully attend the meetings and actively participate? _____

Signature _____

Date _____

Please return to: Clerk to Council, 1 Public Square, Room 210, Darlington, SC 29532, or fax to 843-393-8539, or return to your County Council Representative. Form can be obtained at www.darcosc.com. For additional information, call 843-398-4100