



# QUESTIONNAIRE FOR BOARD / COMMISSION

**PLEASE PRINT**

[For all yes/no questions, please circle appropriate answer.]

\_\_\_\_\_ Initial Appointment Request    \_\_\_\_\_ Reappointment Request

Date Received: \_\_\_\_\_

Questionnaires will be maintained on  
file for one year only.

If you wish your Questionnaire to continue to be considered, you will need to contact the Clerk to Council to extend the date.

Once a candidate is appointed, they will be removed from consideration for any other Board/Commission.

Areas of Interest [please check one or more categories <b>and/or</b> specific board or commission.]	Board / Commissions Applicable to Interests
AERONAUTICS	Aeronautics Commission
PUBLIC SAFETY, HEALTH & WELFARE	Anderson-Oconee Behavioral Health Services Commission
REGULATORY	Building Codes Appeal Board Board of Zoning Appeals
PLANNING	** Agricultural Advisory Board [email Clerk for membership requirements] Board of Zoning Appeals Conservation Bank Board Planning Commission
EDUCATION	Library Board
TOURISM & RECREATION	** Agricultural Advisory Board [email Clerk for membership requirements] Parks, Recreation and Tourism

\*\* Specific criteria have been established for this board. please email [jennifercadams@oconeesc.com](mailto:jennifercadams@oconeesc.com) to request a copy of the ordinance.

Requirements for each Board/Commission may be viewed on the Oconee County Code of Ordinances website [www.oconeesc.com/council](http://www.oconeesc.com/council).

REQUIRED INFORMATION

Name: \_\_\_\_\_  
[First]
[Middle]
[Last]

Home Address: \_\_\_\_\_, \_\_\_\_\_ SC \_\_\_\_\_

Mailing Address: [if different than home address]: \_\_\_\_\_, \_\_\_\_\_ SC \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: **REQUIRED**: \_\_\_\_\_

Legal Resident of Oconee County? Yes / No      **County Council District #: 1 2 3 4 5 and At Large**  
**REQUIRED – cannot process without district noted**

Occupation: \_\_\_\_\_ Present Employer: \_\_\_\_\_

Please Circle which best describes the level of education you last completed:

Some High School    High School Graduate/GED    Some College    College Graduate    Professional Degree

Do you currently serve on any other state, county, city or community boards or commissions? **Yes / No If yes, list below:**

\_\_\_\_\_

Do you have any interest in any business that is, or will do business with the Oconee County? **Yes / No If yes, list below:**

\_\_\_\_\_

Do you have any conflict of interest or reason to routinely abstain from a vote? **Yes / No If yes, list below:**

\_\_\_\_\_

Are you currently serving as an appointed or elected official in any other jurisdiction? **Yes / No If yes, list below:**

\_\_\_\_\_

Summary of qualifications or experience that you feel would be beneficial to Oconee County.

*[Please either write on back of form or attach a document for inclusion with this questionnaire.]*

**[Return completed form to the Clerk to Council, 415 S. Pine Street, Walhalla, SC 29691 or to [jennifercadams@oconeesc.com](mailto:jennifercadams@oconeesc.com)]**