

Town of Six Mile Board and Commission Application

Name of Board of Commission which you are applying: _____

An individual may only apply to serve one board or commission.

Mr. Mrs.

Ms. Dr. Name: _____

Homes Address: _____ City: _____ Zip: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Other: _____

Resident of Town of Six Mile Yes No

Occupation: _____ Employer: _____

(If retired, please list your last employer.)

Employer Address: _____

School Attended: _____

Highest Degree earned: _____ Field of Study: _____

List county, community and/or civic activities in which you are affiliated with: _____

Why do you want to serve on this board or commission? _____

What specific skills do you believe you could contribute as a member of this board or commission? _____

How many hours per month are you able to commit to this board or commission? _____

Have you ever attended a meeting of this board or commission? Yes No

Are you available to meet at the regularly scheduled date and time of the board or commission meetings? Yes No

Do you, any member of your immediate family, or business with which you or a family member is associated, provide goods and/or services to the Town of Six Mile for payment? Yes No

OVER →

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: _____

Do you currently hold any elected or appointed office or commission? Yes No

If yes, please list: _____

Have you previously held any elected or appointed office or commission? Yes No

If yes, please list: _____

Have you ever been fined for ethics violation? Yes No

If yes, please explain: _____

Have you ever been subject of penalty relating to a violation of State ethics standards? Yes No

If yes, please explain: _____

Are you current in payment of your Pickens County property tax? Yes No

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 ensure my application is submitted within the application period and that it has been received by the Town of Six Mile;

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 or commission.

Signature: _____ Date: _____

Town of Six Mile
Background Check Authorization

Town of Six Mile – Consent to Background Check

I, _____ (Full Name), have applied to volunteer with the Town of Six Mile, South Carolina. I understand that the Town of Six Mile requires volunteers to satisfactorily pass a criminal history background check. Accordingly, by signing below, I hereby consent to the Town of Six Mile performing routine background checks during the duration of my volunteer status.

Applicant signature

Date

Date of Birth

Address

Maiden Name (if applicable)

Please email completed form to:

Rita_Martin@sixmilesc.org

and CC Diana_Manwarren@sixmilesc.org

OR mail the completed form, or bring the form to Six Mile Town Hall

Six Mile Town Hall

106 S Main Street
PO Box 429
Six Mile, SC 29682

OVER →



Sheriff Tommy Blankenship

Pickens County Sheriff's Office
216 C. David Stone Road • Pickens, SC 29671

Office Phones 864-898-5500 • 864-868-2603
Fax 864-898-5531

Name _____
(First) (Middle) (Last) (Maiden)

Address _____
Street Address City State Zip

Race _____ Sex _____ Date of Birth ___/___/___ SS# _____-____-_____

Reason for Request: Job: _____ Apt: _____ Other: _____ (please explain on next line)

Signature: _____

*****DO NOT WRITE BELOW THIS LINE*****

_____ This is to certify that the above referenced individual does not have a conviction record with the Pickens County Sheriff's Office

_____ This is to certify that the above referenced individual shows a criminal record with the Pickens County Sheriff's Office. Please see attached print out for details.

****NOTICE** This records check is for the Pickens County Sheriff's Office files only. This in no way is meant to imply that other criminal history information could not be on file with another law enforcement agency.**

Records Clerk Date