LANCASTER COUNTY BOARDS & COMMISSIONS APPLICATION FOR SERVICE

Name			County Council District 5		
Mailing Address			_ City/Zip 29	067	
Street Address			Re	egistered Voter yes_	no
Tel. Number (home)	(work)	(other)	
Occupation Retired Physician		Place of employment			
Address (most meetings are scheduled after 6:00 pm - lack of a			Normal working hours		
(most meeting	ngs are scheduled after 6:00	pm - lack of attendance c	an be reason for re	placement on a commission)
Name of Board or Co	mmission in which y	ou are interested			
1st choice Library 2			ce		
3rd choice					
Why do you feel you skills & interests. (co I enjoy eading and hve Kershaw Community p	ntinue on separate sh	eet if needed)	•		•
Do you presently serve Have you ever served (I f yes, list^Library Boa Commission, Eat Sma	
ilave you ever serveu	on a county bourd.	11 yes, 11		aliki arikilikin minginin akuninga alikenna hikinna akunga akunga akunga ak	
Additional pertinent in	formation				
Applicant's signature	esigned via SeamlessDocz.com	Tr	Date	5/15/2023	
	plice Key: 349d8b47d83d0e87ae264bd1c81dd			d of appointments by mail.	

Return completed application to Sherrie Simpson, Lancaster County Council Office, P.O. Box 1809, Lancaster, SC 29721