

LANCASTER COUNTY BOARDS & COMMISSIONS
APPLICATION FOR SERVICE

Name Jane Rinard County Council District 5

Mailing Address _____ City/Zip Lancaster 29720

Street Address _____ Registered Voter yes ☒ no ☐

Tel. Number (home) _____ (work) _____ (other) _____

Email: _____

Occupation Health Insurance agent Place of employment Alpine Agency

Address 699 Lancaster Bypass E, Lancaster, SC 29720 Normal working hours 9-5 with flexibility
(most meetings are scheduled after 6:00 pm - lack of attendance can be reason for replacement on a commission)

Name of Board or Commission in which you are interested

1st choice Health & Wellness 2nd choice Keep Lancaster Co Beautiful

3rd choice _____

Reason for interest

Interested in helping Lancaster County be a great place to live

Why do you feel you are qualified to serve on these boards? In addition, note education, areas of expertise, skills & interests. (continue on separate sheet if needed)

Yes,, I have been a resident since 1984. I live and work and own a small business in Lancaster. I sell health insurance and am very interested in the health of Lancaster County.

Do you presently serve any State, County or Municipal Boards? NO If yes, list _____

Have you ever served on a county board? No If yes, list _____

Additional pertinent information

Applicant's signature Jane Rinard Date 05/15/2023

Receipt of application does not guarantee an appointment. Applicants will be notified of appointments by mail.

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