



**APPLICATION FOR SERVICE ON  
TOWN OF CHAPIN  
COMMITTEE, BOARD OR COMMISSION**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Office Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Educational Background: \_\_\_\_\_

Professional Background: \_\_\_\_\_

Male  Female  Age: 18-25  26-50  Over 50

Name of Committee in which interested: \_\_\_\_\_

Reason for interest: \_\_\_\_\_

\_\_\_\_\_  
Your characteristics/qualifications, which would be an asset to Committee, Board or  
Commission:

\_\_\_\_\_  
\_\_\_\_\_

Presently serve on any Town or County Committee, Board or Commission? \_\_\_\_\_

Any other information you wish to give? \_\_\_\_\_

Recommended by Council Member(s): \_\_\_\_\_

Hours willing to commit each month: \_\_\_\_\_

**CONFLICT OF INTEREST POLICY**

It is the policy of Town of Chapin to require disclosure of any personal or financial interest that may be influenced by decisions of the Committee, Board or Commission for which any citizen applies for membership.

Such conflict of interest does not preclude service but shall be disclosed before appointment. The Town support staff shall be notified of any change on an annual basis and members of all Committees, Boards or Commissions shall be required to abstain from voting or influencing through discussion or debate, or any other way, decisions of the Committee, Board or Commission affecting those personal and financial interests.

All statements so filed shall be signed and verified by the filer. The verification shall state that the filer has used all reasonable diligence in its preparation, and that to the best of his or her knowledge, it is true and complete.

Any person who willfully files a false or incomplete statement of disclosure or no change of condition, or who willfully fails to make any filing required by this article, shall be subject to such discipline, including censure and disqualification from the Committee, Board or Commission, by majority vote of the council.

*Have you been convicted or pled no contest of a crime other than minor traffic violations; checking yes does not automatically preclude you from consideration for appointment.*

Yes \_\_\_\_\_ No \_\_\_\_\_

**STATEMENT OF FINANCIAL OR PERSONAL INTERESTS**

Do you have any financial or personal interest in any business or corporation (profit or not-for-profit) that could be potentially affected by the actions of the Committee, Board or Commission?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature Date

**Return to:**  
**Town of Chapin, Attn: Boards & Commissions, PO Box 183, Chapin, SC 29036.**  
**For information, call 575-8039.**

**One form must be submitted for each Committee, Board or Commission on which you wish to serve.**

**Applications are current for one year.**

<b>Staff Use Only</b>	
Date Received: _____	Received by: _____
2 Date Sent to Council: _____	
Status of Application:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> On file