



South Carolina
**DEPARTMENT
ON AGING**

The South Carolina Department on Aging is currently seeking nominations for the South Carolina Advisory Council on Aging

The Director of the South Carolina Department on Aging (SCDOA) is seeking qualified individuals interested in serving on the South Carolina Advisory Council on Aging. Members must be citizens of the State of South Carolina who have an interest in and knowledge of the issues affecting the aging population. Qualifications established by state law are provided below.

Appointments to the Advisory Council will be made by the Governor based on applications received by the Department on Aging. Additional background information regarding the Advisory Council is also provided below.

Individuals interested in serving are encouraged to complete the attached application and submit it to Lily DeGracia at ldegracia@aging.sc.gov. Please also provide a brief statement outlining why you wish to serve on the Advisory Council.

Questions or comments may also be directed to the email address above.

Current Vacancies and Expired Terms

Area 2 - Abbeville, Edgefield, Greenwood, Laurens, McCormick, Saluda

Area 4 - Fairfield, Lexington, Newberry, Richland

Area 7 - Chesterfield, Darlington, Dillon, Florence, Marion, Marlboro

Area 8 - Georgetown, Horry, Williamsburg

Area 9 - Berkeley, Charleston, Dorchester

Area 10 - Beaufort, Colleton, Hampton, Jasper (VACANT)

At-Large 3 - Statewide Appointment

Background on the Advisory Council from the South Carolina Code of Laws

SECTION 43-21-10. Department on Aging created; Advisory Council on Aging; membership, qualifications; appointment; election of chair; compensation and meetings of council; rules and procedures.

There is created the Department on Aging. The department must be supported by an Advisory Council on Aging consisting of one member from each of the ten planning and service areas and five members from the State at large. The director of the department shall provide statewide notice that nominations may be submitted to the director from which the Governor shall appoint the members of the council. The members must be citizens of the State who have an interest in and a knowledge of the problems of an aging population. In making appointments to the council, consideration must be given to assure that the council is composed of appointees who are diverse in age, who are able and disabled, and who are active leaders in organizations and institutions that represent different concerns of older citizens and their families. The chair must be elected by the members of the advisory council from its members for a term of two years and until a successor is elected. Members of the council shall serve without compensation but shall receive mileage and subsistence authorized by law for members of boards, commissions, and committees. The advisory council shall meet at least once each quarter and special meetings may be called at the discretion of the director of the department. Rules and procedures must be adopted by the council for the governance of its operations and activities.

SECTION 43-21-20. Terms of members; vacancies; termination of appointments.

The members of the advisory council shall serve for terms of four years and until their successors are appointed and qualify. The terms of the members expire on June thirtieth and all vacancies must be filled in the manner of the original appointment for the unexpired portion of the term only. No member may serve more than two consecutive terms.

The Governor may terminate a member of the council for any reason pursuant to the provisions of Section 1-3-240, and the reason for the termination must be communicated to each member of the council.

HISTORY: 1962 Code Section 71-300.22; 1971 (57) 385; 1986 Act No. 428, Section 2, eff July 1, 1986; 1993 Act No. 181, Section 1017, eff July 1, 1993; 1995 Act No. 30, Section 2; 2008 Act No. 353, Section 2, Pt 25C, eff July 1, 2009; 2018 Act No. 261 (S.107), Pt I, Section 7, eff January 1, 2019.



State of South Carolina
Department on Aging

Henry McMaster
Governor

Connie D. Munn, MSW
Director

Application for Boards, Commissions, and Committees

Your Nomination will not be complete until this application is filed.

Please return the application to:
South Carolina Department on Aging
Attn: Lily DeGracia
1301 Gervais Street, Suite 350
ldegracia@aging.sc.gov

- 1] Your Name:
Dr./Mr./Mrs./Ms. _____
Last First Middle
- 2] Name of Board, Commission, or Committee you are being considered for:

- 3] Your Current Address, City, Zip Code, and County: _____ 4] Congressional District: _____

- 5] Home Telephone: _____ 6] Office Telephone: _____ 7] Cell Telephone: _____
8] Email address: _____
- 9] Drivers License #: _____ 10] Social Security #: _____
- 11] Voter Registration #: _____ 12] Date of Birth: _____
- 13] Race: _____ 14] Sex: Male / Female: _____
- 15] Level of Educational Background Completed:
Some High School: _____
High School Graduate or equivalence (G.E.D.): _____
Some College: _____
Undergraduate Degree: _____
Graduate and/or Professional Degree: _____
Doctoral Degree: _____

16] Present Employer: _____
Address: _____
Current Position: _____

17] Years of Residence in South Carolina: _____

18] Have you ever been arrested for a crime other than a minor traffic violation? _____ If yes, give details.*

19] Have you filed state and federal income tax returns for the past five years? _____ If not, give details.*

20] Are you or any company in which you have a controlling interest delinquent in any local, state, or federal taxes? _____ If yes, give details.*

21] Have you ever defaulted on any state or federal student loan? _____ If yes, give details.*

22] Have you been treated for any alcohol, drug addiction, or substance abuse for the preceding five years? _____
If yes, give details.*

23] Have you been party (plaintiff or defendant) in any state or federal litigation for the preceding five years?
_____ If yes, give details.*

24] Have you ever served in the military? _____
Were you honorably discharged? _____ If not, give details.*

25] Have you ever been terminated from employment for cause? _____ If yes, give details.*

26] Have you or any employer in the preceding ten years been investigated, reprimanded, fined, or suspended for doing business with any state or federal agency? _____ If yes, give details.*

27] Have you ever been disciplined or fined by the State Ethics Commission? _____ If yes, give details.*

28] Have you ever been disciplined or fined by any professional or regulatory agency? _____ If yes, give details.*

29] Do you serve on any local or state board, commission, committee, or elected office? _____ If yes, list.*

- 30] Are you a registered lobbyist in the State of South Carolina? _____
- 31] Do you or any member of your immediate family receive any income, compensation, or benefits from state and local agencies in South Carolina? _____ If yes, give details.*
- 32] Do you or any member of your immediate family have any interest in any business that has, is, or will do business with the State of South Carolina or the entity for which you are applying? _____ If yes, give details.*
- 33] Are you or any member of your immediate family associated with any business regulated by the entity to which you are applying? _____ If yes, give details.*

34] Have you or any member of your immediate family sold, leased, or rented personal property to any state or local public agency in South Carolina? _____ If yes, please identify*:
 The type of property: _____
 The name of the agency(s) involved: _____
 The value of the transaction(s): _____

35] Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor regulated by the entity to which you are applying? _____ If yes, give details.* (Do not disclose debt promised or loaned by a bank, savings and loan, or other licenses financial institution.)

36] Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor seeking a business relationship with the entity for which you are applying? _____ If yes, give details.* (Do not disclose debt promised or loaned by a bank, savings and loan, or other licenses financial institution.)

37] Do you or any member of your immediate family receive compensation from any individual or business that contract with the entity for which you are applying? _____ If yes, please identify*.
 The individual or business: _____
 The amount of compensation paid to you: _____
 The nature and amount of the contract: _____
 The governmental entity involved: _____

38] **Provide a brief statement explaining your interest in serving on the Council on a separate sheet if necessary.**

39] I, _____, agree that, if I am appointed to the _____, I will attend all stated or called meetings of this entity. If I am absent from three consecutive meetings, or if I am absent from half of the meetings within a six-month period, then I will resign my appointment. However, if the chairperson excuses my absence prior to the meeting, in recognition of circumstances beyond my control (illness, family emergency, etc.) then I am entitled to retain my position.

Certification of Applicant

Personally appeared before me, the applicant, who being duly sworn, disposed, and says that al his/her statements are true, accurate and complete, and that he/she knows and agrees that any misrepresentation or omission of the facts may result in his/her being disqualified or being discharged should he/she already be appointed by the Lieutenant Governor. He/she authorizes the State Law Enforcement Division to conduct a background investigation including, but not limited to, a criminal history, driving records, and credit check. He/she also authorizes the Governor’s Office to provide the nominating authorities with copies of this application, the criminal history, credit report, and any other information gather in processing this appointment.

Applicant’s Signature

Sworn and subscribed before me, this _____ day of _____, Two Thousand and _____.

Notary Public for South Carolina

My commission expires