



## Pickens County Legislative Delegation

West End Hall, Room 205  
201 S. 5<sup>th</sup> Street  
Easley, SC 29640  
Telephone: 864.850.7070



Sen. Larry A. Martin  
Sen. Thomas C. Alexander

September 24, 2015

Rep. Joshua Putnam  
Rep. David Hiott  
Rep. Neal A. Collins  
Rep. Gary E. Clary

Office of the Governor of South Carolina  
1205 Pendleton Street  
Columbia, SC 29201

Attention: Hal Peters

### RE: PICKENS COUNTY FOSTER CARE REVIEW BOARD 13-A

Dear Mr. Peters:

We have been notified of the resignation of Ms. Jan Dulin from the Pickens County Foster Care Review Board 13-A. Pursuant to the Rules and Procedures for the Pickens County Legislative Delegation, the Delegation hereby nominates and recommends that the following person be appointed to Ms. Dulin's position on this board:

Mrs. Susan Campbell Thorsland  
108 Ivyway Lane  
Liberty, SC 29657  
Telephone: 864.350.5650 (c)  
864.843.9868 (h)  
Term expires: December 31, 2019

Please forward a copy of this appointment to the Pickens County Legislative Delegation Office for our records. Thank you for your attention to this matter.

Sincerely,

Larry A. Martin  
Senate District 1

Thomas C. Alexander  
Senate District 2

Rep. Gary E. Clary  
House District 3

Rep. David Hiott  
House District 4

Rep. Neal A. Collins  
House District 5

Joshua Putnam  
House District 10

cc: Mrs. Susan Thorsland  
Mrs. Ellen Johnson, Chairperson, Review Board 13A  
Ms. Jeannette Davis, Division Director



Office of the Governor  
State of South Carolina

RECEIVED  
MAIL

AUG 31 2015

PICKENS COUNTY DSS  
Application for Boards, Commissions, and Committees

Your nomination **will not** be complete until this application is filed with the Governor's Office. Please refer to your nominating authority (County Legislative Delegation, County Council, City Council, etc.) for instructions on how to properly submit this form.

1] Your Name:

Dr./Mr./Mrs. Thorsland Susan Campbell  
Last First Middle

2] Name of Board, Commission, or Committee you are being considered for:

Pickens County Foster Care Review Board 13-A

3] Your Current Address, City, Zip Code and County:

Your Congressional District: 3rd

108 Tryway Lane, Liberty, SC 29657  
Pickens County

4] Home Telephone: 864-843-9868 5] Office Telephone: \_\_\_\_\_ 6] Fax: \_\_\_\_\_

7] Mobile Telephone: 864-350-5650 8] Email Address: SOTHOR@BellSouth.net

9] Drivers License # 296579304 10] Social Security #: 250-86-9761

11] Voter Registration # 391318223 12] Date of Birth: 7/21/46

13] Race: C 14] Sex: Male / Female

15] Level of Educational Background Completed:

Some High School \_\_\_\_\_

High School graduate or equivalence (G.E.D.) \_\_\_\_\_

Some College \_\_\_\_\_

College graduate \_\_\_\_\_

Professional degree (please specify) masters

RECEIVED

SEP 08 2015

FOSTER CARE REVIEW BOARD

16] Present Employer Retired from Pickens County School District

Address \_\_\_\_\_

Current Position \_\_\_\_\_

17] Years of residence in South Carolina: 69

18] Have you ever been arrested for a crime other than a minor traffic violation? NO If so, give details.\*

- 19] Have you filed state and federal income tax returns for the past five years? yes 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? no If so, give details.\*
- 21] Have you ever defaulted on any state or federal student loan? no If so, give details.\*
- 22] Have you been treated for any alcohol, drug addiction, or substance abuse for the preceding five years? no  
If so, give details.\*
- 23] Have you been party (plaintiff or defendant) in any state or federal litigation for the preceding five years? no  
If so, give details.\*
- 24] Have you ever served in the military? no  
Were you honorably discharged? \_\_\_\_\_ If not, give details.\*
- 25] Have you ever been terminated from employment for cause? no If so, 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? no If so, give details.\*
- 27] Have you ever been disciplined or fined by the State Ethics Commission? no If so, give details.\*
- 28] Have you ever been disciplined or fined by any professional or regulatory agency? no If so, give details.\*
- 29] Do you serve on any local or state board, commission, committee, or elected office? yes If so, list.\*
- 30] Are you a registered lobbyist in the State of South Carolina? no
- 31] Do you or any member of your immediate family receive any income, compensation or benefits from state and local agencies in South Carolina? yes If so, 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? no If so, 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? no 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? no If so, please identify \*:
- a) the type of property,
  - b) the name of the agency(s) involved,
  - c) 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? no If so, give details.\* (Do not disclose debt promised or loaned by a bank, savings and loan or other licensed 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? no If so, give details.\* (Do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution.)
- 37] Do you or any member of your immediate family receive compensation from any individual or business that contracts with the entity for which you are applying? no If yes, please identify \*:
- a) the individual or business,
  - b) the amount of compensation paid to you,
  - c) the nature and amount of the contract,
  - d) the governmental entity involved.
- 38] I, Susan C Thorsland, agree that, if I am appointed to the D.C. Foster Care Rev Board <sup>13-A</sup>, 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.

\*Use extra sheet if necessary.

#### CERTIFICATION OF APPLICANT

Personally appeared before me, the applicant, who being duly sworn, disposed, and says that all 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 Governor. He/she authorizes the State Law Enforcement Division to conduct a background investigation including, but not limited to, criminal history, driving record and credit check. He/she also authorizes the Governor's Office to provide the nominating authorities with copies of this application, the criminal history and credit report and any other information gathered in processing this appointment.

Susan Thorsland  
Applicant's Signature

Sworn and subscribed before me this 25<sup>th</sup> day of August, Two Thousand and 15.

Thomas E. Kelley  
Notary Public for South Carolina

My commission expires Dec. 9, 2015.

South Carolina Department of Social Services  
**CONSENT TO RELEASE INFORMATION**

My signature below serves as my consent to authorize the South Carolina Department of Social Services, Division of Human Services, to conduct a search of the Child Abuse and Neglect Central Registry on myself and release the information to the individual/organization listed below. I also understand that all information provided on this form will be released to the individual/organization listed below. I understand that the information may prove unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with the release of information I have requested using this form. If it appears to me that the information in the Registry has not been updated or appears inaccurate, I will notify the Department immediately.

This consent is effective for a one time search of the Central Registry for the purpose of: Foster Care Review Board

Mail Results To: SC Dept. of Social Services  
Division of Human Services  
212 McDaniel Avenue  
Pickens, SC 29671

Please Print or Type: (Complete spelling of name required, first, middle and last - no initials.)

Name: Susan Elaine Thorland DOB: 7/21/46 Sex: F Race: C  
Maiden/Former Name: Campbell Name Change: \_\_\_\_\_  
Place of Birth: Easley SC SSN: 250-86-9761  
Current Address: 108 Ivyway Ln Previous Address: \_\_\_\_\_  
Liberty, SC

This form **MUST** be witnessed (may be notarized). Submit appropriate payment and form for processing to:  
South Carolina Department of Social Services, Attention: Cashier, P.O. Box 1520, Columbia, South Carolina 29202-1520;  
Telephone (803) 898-7318.

|   |                        |
|---|------------------------|
| <u>Susan Thorland</u><br>Signature of Applicant           | <u>8-26-15</u><br>Date |
| <u>Thomas E. Kelley</u><br>Signature of Notary or Witness | <u>8-26-15</u><br>Date |

**RESULTS OF SEARCH OF THE CHILD ABUSE AND NEGLECT CENTRAL REGISTRY**

(This section to be completed by an authorized DSS employee only - Division of Human Services.)

- ☐ The name is not listed as a perpetrator in the Child Abuse and Neglect Central Registry.
- ☐ The name is listed as a perpetrator in the Child Abuse and Neglect Central Registry. According to state law, being named as a perpetrator prohibits an individual from being a guardian ad litem, member of the Foster Care Review Board, licensed foster parent or operating or working in a child day care facility or being employed, operating or volunteering in a residential child care facility. Further, being named as a perpetrator may affect an individual's capacity to adopt a child.
- ☐ Your request has been received. Please allow an additional 30 to 60 days to process your inquiry.
- ☐ Other - See attached correspondence.

\_\_\_\_\_  
Authorized DSS Employee

\_\_\_\_\_  
Date

29\* I presently serve on the board for the Hope Womens' Center in Pickens County.

31\* My husband and I receive retirement benefits from Pickens County School District.

My husband serves on the Fort Hill Natural Gas board and receives compensation.

*Susan Gorslaw*