



Office of the Governor
State of South Carolina

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./Ms. SELF MADELINE CAROLE
Last First Middle

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

Foster Care Review Board 7C

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

Your Congressional District: 4th

10475 New Cut Rd, Campobello, SC. 29322
Spartanburg, S.C. County

4] Home Telephone: (864) 468-4165 5] Office Telephone: _____ 6] Fax: _____

7] Mobile Telephone: _____ 8] Email Address: m.carole.self@gmail.com

9] Drivers License # _____ 10] Social Security #: 250-66-8667

11] Voter Registration # _____ 12] Date of Birth: May 16, 1941

13] Race: _____

14] Sex: Male ☐ Female ☒

15] Level of Educational Background Completed:

Some High School _____

High School graduate or equivalence (G.E.D.) 1959 graduate

Some College _____

College graduate _____

Professional degree (please specify) _____

16] Present Employer Retired - Spartanburg Co. Clerk of Court

Address _____

Current Position at retirement - Supervisor - civil, criminal court

17] Years of residence in South Carolina: 73 yrs

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.*
4th Congressional District Director SC ERW

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.* My husband and myself receive state retirement benefits.

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, Carole Self, agree that, if I am appointed to the FCRB 7C, 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, a 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.

Carole Self
Applicant's Signature

Sworn and subscribed before me this 31st day of December, Two Thousand and 14.

Kathy J. Hightower
Notary Public for South Carolina

My commission expires 9-11-2019



**SPARTANBURG COUNTY LEGISLATIVE DELEGATION
RECOMMENDED APPOINTMENT ENDORSEMENT FORM
FOR PUBLIC MEETING HELD ON FEBRUARY 2, 2015**

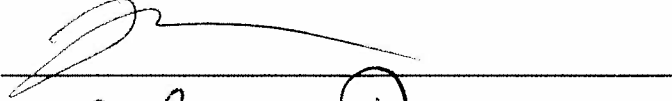

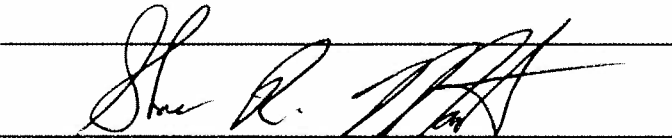
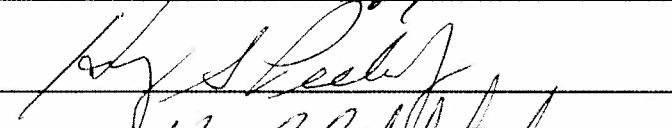
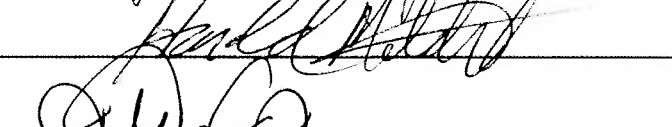
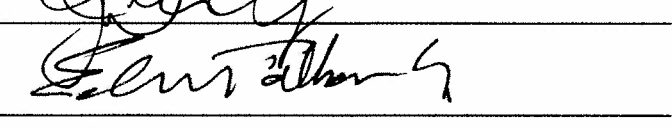

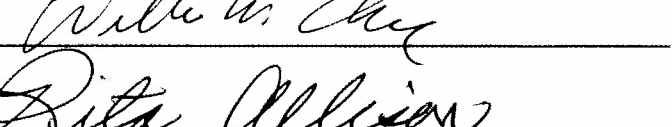
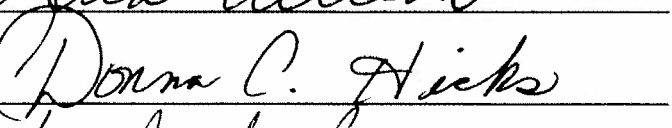
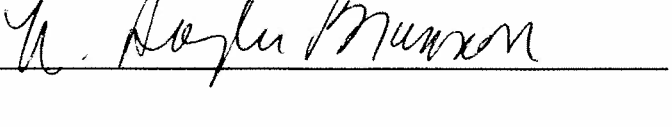

We, the Spartanburg County Legislative Delegation, endorse the following nominee to serve on the

Board/Commission: Foster Care Review Board 7C

Name: Madeleine Carole Self

Home address: 10475 New Cut Road, Campobello, SC 29322

Vice: Self Term expiration: 11/13/2018

<u>NAME</u>	<u>SIGNATURE</u>	<u>WEIGHT FACTOR</u>
Honorable Tom Corbin Senate District 5		4.64
Honorable Glenn Reese Senate District 11		17.73
Honorable Lee Bright Senate District 12		12.29
Honorable Shane Martin Senate District 13		13.04
Honorable Harvey Peeler Senate District 14		2.30
Honorable Harold Mitchell House District 31		6.57
Honorable J. Derham Cole, Jr. House District 32		6.49
Honorable Edward R. Tallon, Sr. House District 33		6.69
Honorable P. Mike Forrester House District 34		6.62
Honorable William Chumley House District 35		4.47
Honorable Rita Allison House District 36		6.04
Honorable Donna Hicks House District 37		6.40
Honorable N. Doug Brannon House District 38		6.72

Received

South Carolina Department of Social Services
CONSENT TO RELEASE INFORMATION

JAN 05 2014

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: _____

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

Name: MADELINE CAROL SELF DOB: 5-16-1941 Sex: F Race: W
 Maiden/Former Name: MABREY Name Change: _____
 Place of Birth: SPARTANBURG, S.C. SSN: 250-66-8667
 Current Address: 10425 NEW CENT RD Previous Address: _____
CAMPBELL, SC 29322
SPARTANBURG COUNTY

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.

Madeline Carol Self 12/31/2014
 Signature of Applicant Date
Kathy J. Hightower 12/31/2014
 Signature of Notary or Witness Date
My Commission Expires: 9-11-2019

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