



Office of the Governor  
State of South Carolina

Application  
Boards, Commissions, and Committees

Your nomination **will not** be complete until this application is filed with the Office of the Governor, Boards and Commissions, 1205 Pendleton Street, Columbia, South Carolina 29201.

1] Your Name:

Dr./Mr./Mrs./Ms. (Ms) MYERS SHARON KATHERINE  
Last First Middle

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

SC INDEPENDENT LIVING COUNCIL

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

Your Congressional District: SC-01

1000 PONIETA HARROLD DR. APT 10303  
CHARLESTON, SC 29414 CHARLESTON CTY

4] Home Telephone: \_\_\_\_\_ 5] Office Telephone: 855-531-5508 6] Fax: \_\_\_\_\_

7] Mobile Telephone: 214-755-3446 8] Email Address: shari@portlight.org

9] Drivers License # TX 34450371 10] Social Security #: 464-25-6574

11] Voter Registration # \_\_\_\_\_ 12] Date of Birth: 1-7-1960

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

15] Level of Educational Background Completed:

- Some High School \_\_\_\_\_
- High School graduate or equivalence (G.E.D.) graduate
- Some College \_\_\_\_\_
- College graduate \_\_\_\_\_
- Professional degree (please specify) \_\_\_\_\_

16] Present Employer PORTLIGHT STRATEGIES, INC.

Address 1920 DUNBAR ST. STE B

Current Position CHIEF OPERATING OFFICER

17] Years of residence in South Carolina: 4. mths.

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 any employment for cause? NO If so, give details.\*
- 26] Have you or any employer for 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] Do you 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.\*
- 28] Do you serve on any local or state board, commission, committee, or elected office? NO If so, list.\*
- 29] Are you a registered lobbyist in the State of South Carolina? NO
- 30] Have you ever been disciplined or fined by the State Ethics Commission? NO If so, give details.\*
- 31] Have you ever been disciplined or fined by any professional or regulatory agency? NO If so, give details.\*
- 32] I hereby agree to attend the stated or called meetings of this entity to which I may be appointed and further agree that should I miss:
- A. Three consecutive meetings or,
  - B. Half of the meetings within a six month period,
- Unless excused by the Chair prior to the meeting, for reasons beyond my control (illness, death in the family, etc.), I will resign my appointment.

\* 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.

*Sharon My*  
Applicant's Signature

Sworn and subscribed before me this 27<sup>TH</sup> day of November  
Two Thousand and fifteen

*Timothy J Albert*  
Notary Public for South Carolina

My commission expires September 23, 2025



**SOUTH CAROLINA  
STATEWIDE  
INDEPENDENT  
LIVING COUNCIL  
(SCSILC)**

**Membership Application**

Approved: December 2008

Amended:

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## **Introduction and Welcome**

Thank you for your interest in serving on the South Carolina Statewide Independent Living Council (SCSILC). Please submit this fully completed application and any additional pages. If you submit any false or misleading information, your application will be denied.

## **Membership Process**

Once your application has been received and reviewed by the Membership Committee, a representative of the SCSILC will contact you. Your application will then go before the full SCSILC membership at the next SCSILC quarterly meeting for approval or disapproval. If the application is approved, it will be sent to the Governor of South Carolina's office with a recommendation for appointment to the SCSILC. The Governor's Office will review your approved application and supporting materials and then mail you their forms to be completed and returned to the Governor's Office. Once all the information they requested is received, reviewed and approved by the Governor's Office, you will be notified in writing of your appointment by the Governor of South Carolina. In the meantime, you may call Charles Lambert, Membership Committee, (843) 357-3045 if you have any questions.

Sincerely,

The SCSILC Executive Committee

**A. Basic Information**

TODAY'S DATE: 11-16-2015

NAME: SHARON (SHARI) MYERS

ADDRESS: 1000 BONIETA HARROLD DR., APT 10303

CITY: CHARLESTON STATE: SC ZIP 29414

HOME TELEPHONE NUMBER: (214) 755-3446

E-MAIL: shari@portlight.org

GENDER: FEMALE DATE OF BIRTH: 1-7-1960

AGE: 55 EDUCATION LEVEL: HIGH SCHOOL

RACE/ETHNIC/CULTURAL BACKGROUND (optional)

- 
- Are you a US citizen? YES  NO
  - What County do you live in? CHARLESTON CTY
  - Are you registered to vote in South Carolina? NOT YET
  - Which Congressional District do you live in: SC-1
  - Will you use a personal care assistant or family member to assist you in participating in SCSILC activities? NO
-

- Will you need materials in alternative format? YES \_\_\_\_\_ NO

If Yes, please specify: \_\_\_\_\_

- Which of the following best describes the area in which you live (circle one)

URBAN SMALL TOWN/COMMUNITY RURAL VERY RURAL

- Do you have safe, reliable transportation in order to be able to participate in SCSILC activities? YES  NO \_\_\_\_\_

**B. The SCSILC By-Laws, in compliance with the Rehabilitation Act Amendments of 1992, specify that the SCSILC include individuals on its' Council representing the following categories. To help us meet this requirement, please check all categories that apply to you.**

- I.  Individual with a disability/disabilities.

Please specify type of disability/disabilities: HEALTH CONDITIONS -  
CHRONIC ILLNESS

- II.  Advocate for individuals with disabilities.

- III.  Parent/Guardian of an individual (child or adult) with a disability/disabilities.

- IV.  Affiliations with other organizations, Center for Independent Living (CIL) or State agencies serving people with disabilities.

Please specify: CHIEF OP. OFFICER OF PORTLIGHT STRATEGIES

V. Are you an employee of this organization, CIL or State agency?

YES \_\_\_\_\_ NO

Please specify: \_\_\_\_\_

COMMENTS:

**C. Please briefly describe your answers to the following questions.**  
**(attach additional pages if necessary)**

I. Why are you interested in an appointment to the South Carolina Statewide Independent Living Council (SCSILC)?

As a new resident of SC, and COO of an organization focused on maintaining independence before, during and after a disaster, I want to become more active in the local ~~and~~ IL movement and interests.

II. What is your experience with a disability/disabilities?

I am a person with a disability, I have a child with a disability; and my working experience for the last 5 years has been in the area of emergency preparedness, ~~for~~ <sup>and</sup> independent living, disaster response <sup>for</sup> disabilities community.

III. What does "independent living" mean to you?

Equal access to all opportunities, ~~services~~ services, and community facilities and activities, so as to participate fully ~~in the~~ as part of the whole. Maintaining self-determination; advocating for these rights for everyone; living as a self-sustaining and supporting person.

IV. What do you know about history and philosophy of independent living?

Grew out of the Disability Rights Movement; promotes cross-disability inclusion, and comprises concepts of de-professionalization and self-representation, so as to foster independence over medicalization, and institutionalization. Some early activists were Justin Dart, Ed Roberts, Lex Frieden, Peg Norek

V. What are they and how would your strengths contribute to the SCSILC?

People with disabilities are the best experts on ~~their~~ our needs, and must self-advocate and organize, both for systems change, and political power.

I have 5 years experience advocating for inclusion in disaster planning and services, bringing emergency managers and relief organization into the disability community

VI. What do you hope to accomplish by being a member of the SCSILC?

Continue ~~to~~ promotion of inclusive disaster planning, and better emergency preparedness within our community. Advocate for equal representation and services for all counties in South Carolina, and participation of our CILs and general community in disaster preparedness and recovery.

VII. Tell us what areas of the SCSILC's work you would be interested in?

Development of the next SPIL, to include either an Emergency Preparedness - focused position/committee within the SCILC, or allocation of funds to allow a dedicated ~~position~~ CIL staff member for emergency preparedness/recovery, as needed. ~~Representation at~~

VIII. What do you know about Centers for Independent Living (CILs) and other independent living services in South Carolina?

There are 3 CILs in SC, serving 35 of our 46 counties, and providing the 5 core services: information and referral; IL Skills; Peer Support; Advocacy; Nursing Home & Youth Transition

- IX. What changes or improvements would you like to see in South Carolina, in regards to independent living and/or disabilities?

Available services for all counties; better funding; more effort to educate the community on emergency preparedness, and better supports when disaster strikes.

- X. What (if any) types of accommodations will you need to participate in SCSILC meeting, training, etc. (if not applicable write N/A)

N/A

- XI. What (if any) accommodations will you need to travel for SCSILC activities? (Such as hotel arrangements, dietary restrictions, etc., if not applicable, please write N/A.)

N/A

- XII. Please give a brief biographical description of yourself. (Include other boards, councils or advisory panels you serve, or have served on, your hobbies, interest, family, accomplishments, awards, education, etc.)

Most of my 30+ years of work experience have been in fields related to ~~dis~~ disaster preparedness, ~~and~~ response and recovery. For the last 5 years, my focus has been on those same topics, as they relate to people with disabilities. I am an advocate for disability rights in general, and inclusive disaster planning, in particular.

I have 5 grown children, 6 grandchildren, and my husband and I live with one dog and one cat. I love to read, hike, spend time @ the beach.

**D. The following questions and requests are mandatory for your application to be considered for membership. (Please attached additional paper if necessary.)**

- The SCSILC will perform criminal background checks at the local, state and federal levels.
- The SCSILC will perform credit checks.
- The SCSILC shall contact all references and previous employers.

I. Have you ever been convicted of a crime (misdemeanor or felony)?

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

If yes, please explain:

II. Have you ever been terminated or asked to resign from a job?

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

If yes, please explain:

III. Have you ever been accused, investigated or charged with any crime, including sexual crimes, against children? Yes \_\_\_\_\_ No

If yes, please explain:

IV. Have you ever been accused, investigated and/or charged with any crime, including abuse, of the elderly? Yes \_\_\_\_\_ No

If yes, please explain:

V. Have you ever been accused, investigated and/or charged with any crime such as fraudulent checks, identify theft, etc?

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

If yes, please explain:

VI. Have you ever declared or are you going to declare bankruptcy?  
Yes \_\_\_\_\_ No

If yes, please explain:

VII. Do you have any unresolved credit issues, or are you involved in any litigation involving credit issues? Yes \_\_\_\_\_ No

If yes, please explain:

VIII. List three (3) personal references: (other than relatives)

1. Name: Paul Timmons

Address: 1920 Dunbar St. Ste. B

City/State/Zip: Charleston, SC 29407

Telephone Number: (843) 817-2651

E-Mail Address: paul@portlight.org

2. Name: Christy Dunaway  
Address: 130 Magna Carta Pl.  
City/State/Zip ~~Jack~~ Jackson, MS 39211  
Telephone Number: (601) 506-6454  
E-Mail Address: christygdunaway@gmail.com

3. Name: Kim Adams  
Address: 2700 Mountain Lion  
City/State/Zip: Keller, TX 76244  
Telephone Number: (985) 373-1041  
E-Mail address: kadams925@yahoo.com

IX. List your last three (3) employers:

1. Company/Business: Portlight Strategies  
Address: 1920 Dunbar St., Ste. B  
City/State/Zip: Charleston, SC 29407  
Telephone Number: (855) 531-5500  
E-Mail Address: paul@portlight.org

May the SCSILC contact this employer? Yes  No

2. Company/Business: Cunningham-Lindsey, N.A.

Address: 405 State Highway 121 Bypass  
Building A, Suite 200

City/State/Zip: Lewisville, TX 75067

Telephone Number: (214) 458-6684 Joey Hutchinson  
(supervisor)

E-Mail Address: jhutchinson@cl-na.com

May the SCSILC contact this employer? Yes  No

3. Company/Business PASCO Services, Inc.

Address: P.O. Box 93988

City/State/Zip: Southlake, TX 76092

Telephone Number: (682) 223-0117

E-Mail Address: kima@pascoclaims.com

May the SCSILC contact this employer? Yes  No

Please submit this Membership Application through the U.S. Mail, e-mail or fax to:

SC Statewide Independent Living Council  
Attn: Membership Committee  
136 Stonemark Lane, Suite 100  
Columbia, SC 29210  
(803) 217-3209 V/TTY  
(803) 779-5114 FAX  
1-855-410-9555 Toll Free  
[scsilc@scsilc.com](mailto:scsilc@scsilc.com)

Additional questions, please call:  
Kathy Hatch, Membership Committee Chairman  
(864) 670-9283