



Selective Service System

1492 First Street, Building 922, Suite 202, Dobbins ARB 30069
<http://www.sss.gov>

January 15, 2016

Ms. Katie Philpott
Appointments Office
Office of the Governor
1205 Pendleton Street
Columbia, South Carolina 29201

Dear Ms. Philpott:

It was very nice speaking with you on the telephone today. Thank you for your assistance.

Per our discussion, I have enclosed the Board Member packets previously sent for recommendation by Governor Haley. Once the Board members are recommended by the Governor, they will be appointed as Local Board Members for their counties in South Carolina.

If you have any questions at all, please feel free to contact me. You may reach me by phone at (678) 655-9587 or by email at rthompson@sss.gov. Again, thank you for your help in processing these applications.

Respectfully,

A handwritten signature in blue ink that reads 'R. Thompson'.

Rene' Thompson
Board Program Analyst



Privacy Act Data Cover Sheet

To be used on
all documents
containing personal
information

DOCUMENTS ENCLOSED ARE SUBJECT TO THE PRIVACY ACT OF 1974

Contents shall not be disclosed, discussed, or shared with individuals unless they have a direct need-to-know in the performance of their official duties. Deliver this/these document(s) directly to the intended recipient. Do not drop off with a third-party.

NOT
JUL 14 MAY 13 P 12:26
SBL. SVC. SYS. REG II

The enclosed document(s) may contain personal or privileged information and should be treated as "For Official Use Only." Unauthorized disclosure of this information may result in **CIVIL** and **CRIMINAL** penalties. If you are not the intended recipient or believe that you have received this document(s) in error, do not copy, disseminate or otherwise use the information and contact the owner/creator or your Privacy Act officer regarding the document(s). (DoD Directive 5400.11, "Department of Defense Privacy Program," May 8, 2007.)

Privacy Act Data Cover Sheet



Selective Service System

Potential Board Member Information

See Instructions and Privacy Statement (Page 2)

#

FOR OFFICE USE ONLY	<input type="checkbox"/>
ST: <u>02</u> LB# <u>12</u>	
Service Computation Date <u>/</u> / <u>/</u>	

1. Social Security Number: 249-35-7715
2. Title: Dr Last Name: Wilson Suffix: Jr. First Name: Frank MI: "Hugh"
3. Residence Address: 4016 Hoodtown Rd
(Enter Number, Street, Route, Apt., number where you reside. Please no P.O. Box)
City: Sharon County: York State: SC Zip: 29742-8788
(9 Digit Zip Requested)
4. Mailing Address: 4016 Hoodtown Rd
City: Sharon State: SC Zip: 29742 Employer: The Palmetto School
5. Residence Phone: 803-327-0305 6. Business Phone: 803-415-115 Extension:
- E-mail: fwilson@thepalmettoschool.org Fax: 803-327-8413
7. Birth Date: 6/8/74
Month/Day/Year
- 8a. Ethnicity: Do you consider yourself to be Hispanic or Latino? Please check one box only: YES ☐ NO ☒
- 8b. Race: What is your race? Please check one or more boxes as appropriate:
- ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White
9. Sex: Male ☒ Female ☐
10. Are you a member of the Armed Forces of the United States? Enter Number: 11 (See Instructions - Page 2)
- YES NO (For Items 11 through 19 check 'yes' or 'no')
11. ☒ ☐ Are you a citizen of the United States?
12. ☐ ☒ Are you a compensated employee of the Selective Service System?
13. ☐ ☒ Are you a spouse of an employee of Selective Service, as defined in the Eligibility Requirements on Page 1, paragraph A.2.e?
14. ☐ ☒ Are you (or are you the spouse of) a Reserve Force Officer with Selective Service, or an appointee to another Selective Service board?
15. ☒ ☐ Will you attend required board meetings and training sessions?
16. ☒ ☐ Do you feel you would be objective and unbiased in performing the duties as a member of a Selective Service Board?
17. ☐ ☒ Are you a former Selective Service Board Member? (Use continuation sheet if necessary)
If yes: Board No: City: Start Date:
State: County: Stop Date:

Selective Service System

OATH OF OFFICE AND WAIVER OF PAY


(Required of every person who undertakes to render voluntary uncompensated service in the administration of the Military Selective Service Act)

OATH OF OFFICE

I do solemnly swear (or affirm) that if appointed to any position under the Military Selective Service Act, I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter; SO HELP ME GOD.

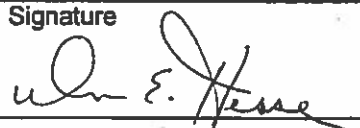
WAIVER OF PAY

I hereby expressly declare that I am volunteering my services to assist in the administration of the Military Service Act, and if appointed to an uncompensated position, I hereby expressly waive any right to pay or compensation in any form whatsoever for services heretofore or hereafter rendered. This waiver is signed by me pursuant to the provisions of the Selective Service Regulations.

Printed or Typed Full Name	Signature	Date
Frank Hyl Wilson Jr.		6/23/15

AUTHENTICATION

SUBSCRIBED AND SWORN (or affirmed) BEFORE ME ON THIS 23 DAY OF June 20 15

Printed or Typed Full Name and Title of Individual Authorized to Administer Oath	Signature
William E. Hesse, LTC, Det. Cmdr.	

INSTRUCTIONS

- Completing this portion of the Form 404 will not commit you to accept an appointment nor does it constitute and offer of appointment.
- **Oath of Office and Waiver of Pay** - To be completed and signed by the prospective applicant when completing the interview and the first portion of this form.
- **Authentication** - To be completed and signed by the person so authorized in Chapter 520, PPPM, after the prospective applicant has signed the Oath of Office and Waiver of Pay.
- This form will be retained in the Board Member's file.

SELECTIVE SERVICE SYSTEM INTERVIEW RECORD

Name of Applicant

Dr. Frank Wilson, Jr. (Hugh)

SSN

State

SC

Area Office (if LB)

02

Board

LB ☒

DAB ☐

46

Name of Interviewer

LTC Bill Hesse

Date

2015 06 23

Location

SCASA Conf.

myrtle Beach, SC

Other Information

INSTRUCTIONS FOR COMPLETING THIS FORM

- o Complete this form during or immediately following the interview.
- o Make certain all information is legible.
- o Review the interview record for completeness and accuracy.
- o Attach this interview record to the Board Member Application (SSS Form 404) completed by the prospective Board Member and forward to the Region. Retain a copy for your records.
- o All questions are to be completed and any explanations required will be provided in Section D. Incomplete forms will be returned for completion.

SECTION A

For an Identification Card to be issued after appointment, the following information is required:

Height: _____ (Inches)

Dominant Eye Color: _____

Weight: _____ (Pounds)

Dominant Hair Color: _____

SECTION B

Check the appropriate "Yes" or "No" answer. A "No" response in Questions 1-10 requires clarification in Section D on Page 2.

- | | | |
|---|--|---|
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 1. Does the candidate meet the eligibility requirement? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 2. Has the candidate reviewed the Information Booklet? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 3. Did you review current/post-mobilization duties of Board Members? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 4. Did you review selection procedures for Board Members? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 5. Did you discuss training requirements? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 6. Does the candidate have time to serve and ability to travel? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 7. Will the candidate be able to serve without any reservations? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 8. Does the candidate believe he/she can serve a year or more from now? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 9. Did the candidate speak clearly and distinctly? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 10. Did the candidate convey ideas in a logical manner? |
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | 11. Does the candidate object to having his/her name and represented county announcing the appointment as a Board Member published in local newspaper(s)? (Please note: Privacy Act forbids publishing the address of a Board Member and only the name and county represented would be used in the news release.) |



Office of the Governor
State of South Carolina

Application
Boards, Commissions, and Committees

Your nomination process **will not** be complete until this application is filed with the Office of Boards and Commissions, Post Office Box 12267, Columbia, South Carolina 29211.

1] Your Name:

Dr./Mr./Mrs./Ms. Wibor Frank High
Last First Middle

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

York

3] Your Current Address and County:

Your Congressional District: _____

4016 Hoodtown Rd Sharon, SC 29742 York

4] Home Telephone: 803-927-0308 5] Office Telephone: 803-378-0365 6] Fax: 803-377-8108

7] Mobile Telephone: 803-415-1151 8] Email Address: hwibor@thepalmettoschools.org

9] Drivers License # 004318036 10] Social Security # 249-35-7713

11] Voter Registration # _____ 12] Date of Birth: 6/8/74

13] Race: White 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) F.D.D

16] Present Employer The Palmetto School at the Children's Attention Center

Address P.O. Box 2892 Rock Hill SC 29732

Current Position Principal

17] Years of residence in South Carolina: birth

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, no



Selective Service System

Potential Board Member Information

See Instructions and Privacy Statement (Page 2)

FOR OFFICE USE ONLY	<input type="checkbox"/>
ST: <u>4</u> AO# <u>23</u>	
Service Computation Date <u> </u> / <u> </u> / <u> </u>	

47162

1. Social Security Number: 263-19-9704
2. Title: Mrs. Last Name: King Suffix: First Name: Nancy MI: A
3. Residence Address: 20 Glenrose Ave
(Enter Number, Street, Route, Apt., number where you reside. Please no P.O. Box)
City: Greenville County: Greenville State: SC Zip: 29617-6214
(9 Digit Zip Requested)
4. Mailing Address: same
City: State: Zip: Employer:
5. Residence Phone: (864) 834-5922 6. Business Phone: (864) 313-5007 Extension:
E-mail: naking4955@gmail.com Fax:
7. Birth Date: 4-9-55
Month/Day/Year
- 8a. Ethnicity: Do you consider yourself to be Hispanic or Latino? Please check one box only: YES ☐ NO ☒
- 8b. Race: What is your race? Please check one or more boxes as appropriate:
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White
9. Sex: Male ☐ Female ☒
10. Are you a member of the Armed Forces of the United States? Enter Number: ☐ (See Instructions -- Page 2)
YES NO (For Items 11 through 19 check 'yes' or 'no')
11. ☒ ☐ Are you a citizen of the United States?
12. ☐ ☒ Are you a compensated employee of the Selective Service System?
13. ☐ ☒ Are you a spouse of an employee of Selective Service, as defined in the Eligibility Requirements on Page 1, paragraph A.2.e?
14. ☐ ☒ Are you (or are you the spouse of) a Reserve Force Officer with Selective Service, or an appointee to another Selective Service board?
15. ☒ ☐ Will you attend required board meetings and training sessions?
16. ☒ ☐ Do you feel you would be objective and unbiased in performing the duties as a member of a Selective Service Board?
17. ☐ ☒ Are you a former Selective Service Board Member? (Use continuation sheet if necessary)
If yes: Board No: City: Start Date:
State: County: Stop Date:

Selective Service System

OATH OF OFFICE AND WAIVER OF PAY

(Required of every person who undertakes to render voluntary uncompensated service in the administration of the Military Selective Service Act)

OATH OF OFFICE

I do solemnly swear (or affirm) that if appointed to any position under the Military Selective Service Act, I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

WAIVER OF PAY

I hereby expressly declare that I am volunteering my services to assist in the administration of the Military Service Act, and if appointed to an uncompensated position, I hereby expressly waive any right to pay or compensation in any form whatsoever for services heretofore or hereafter rendered. This waiver is signed by me pursuant to the provisions of the Selective Service Regulations.

Printed or Typed Full Name <i>Nancy A. King</i>	Signature <i>Nancy A. King</i>	Date <i>8/14/15</i>
--	-----------------------------------	------------------------

AUTHENTICATION

SUBSCRIBED AND SWORN (or affirmed) BEFORE ME ON THIS

14th DAY OF *August* 20*15*

Printed or Typed Full Name and Title of Individual Authorized to Administer Oath <i>Steven W. Carville</i>	Signature <i>SWC</i>
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INSTRUCTIONS

- Completing this portion of the Form 404 will not commit you to accept an appointment nor does it constitute an offer of appointment.
- **Oath of Office and Waiver of Pay** - To be completed and signed by the prospective applicant when completing the interview and the first portion of this form.
- **Authentication** - To be completed and signed by the person so authorized in Chapter 520, PPPM, after the prospective applicant has signed the Oath of Office and Waiver of Pay.
- This form will be retained in the Board Member's file.



Office of the Governor
State of South Carolina

Application
Boards, Commissions, and Committees

Your nomination process **will not** be complete until this application is filed with the Office of Boards and Commissions, Post Office Box 12267, Columbia, South Carolina 29211.

1] Your Name:

Dr./Mr./Mrs. King Nancy Arrington
Last First Middle

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

Selective Service Local Board

3] Your Current Address and County:

Your Congressional District: 4th

20 Glenrose Ave
Greenville SC 29617

4] Home Telephone: (864) 834-5922 5] Office Telephone: e 6] Fax: e

7] Mobile Telephone: (864) 313-5067 8] Email Address: naking4955@gmail.com

9] Drivers License # 002515733 10] Social Security # 263-19-9704

11] Voter Registration # 5467585 12] Date of Birth: April 9, 1955

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

15] Level of Educational Background Completed:

Some High School _____
High School graduate or equivalence (G.E.D.) _____
Some College 3 _____
College graduate _____
Professional degree (please specify) Masters

16] Present Employer retired- Greenville County Schools

Address _____

Current Position _____

17] Years of residence in South Carolina: 40

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,



Selective Service System

Potential Board Member Information
See Instructions and Privacy Statement (Page 2)

FOR OFFICE USE ONLY	<input type="checkbox"/>
ST: <u>AD# 2</u> LB# <u>42</u>	
Service Computation Date	<u> </u> / <u> </u> / <u> </u>

47136

1. Social Security Number: 343-48-1150
2. Title: Mr. Last Name: Smiley Suffix: Jr First Name: Glenn MI: L
3. Residence Address: 117 TUGALOO CT
(Enter Number, Street, Route, Apt., number where you reside. Please no P.O. Box)
City: ROEBUCK County: SPARTANBURG State: SC Zip: 29376-3385
(9 Digit Zip Requested)
4. Mailing Address: - SAME AS ABOVE -
City: _____ State: _____ Zip: _____ Employer: _____
5. Residence Phone: 864-587-0940 6. Business Phone: 864-594-4410 Extension: _____
E-mail: Smiley g. (a) bellsmith.NET Fax: 864-596-8460 Cell: 864-420-6335
7. Birth Date: 6/24/54
Month/Day/Year
- 8a. Ethnicity: Do you consider yourself to be Hispanic or Latino? Please check one box only: YES ☐ NO ☒
- 8b. Race: What is your race? Please check one or more boxes as appropriate:
☐ American Indian or Alaska Native ☐ Asian ☒ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White
9. Sex Male ☒ Female ☐
10. Are you a member of the Armed Forces of the United States? NO Enter Number: ☐ (See Instructions - Page 2)
YES NO (For Items 11 through 19 check 'yes' or 'no')
11. ☒ ☐ Are you a citizen of the United States?
12. ☐ ☒ Are you a compensated employee of the Selective Service System?
13. ☐ ☒ Are you a spouse of an employee of Selective Service, as defined in the Eligibility Requirements on Page 1, paragraph A.2.e?
14. ☐ ☒ Are you (or are you the spouse of) a Reserve Force Officer with Selective Service, or an appointee to another Selective Service board?
15. ☒ ☐ Will you attend required board meetings and training sessions?
16. ☒ ☐ Do you feel you would be objective and unbiased in performing the duties as a member of a Selective Service Board?
17. ☐ ☒ Are you a former Selective Service Board Member? (Use continuation sheet if necessary)
If yes: Board No: _____ City: _____ Start Date: _____
State: _____ County: _____ Stop Date: _____

Selective Service System

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OATH OF OFFICE

I do solemnly swear (or affirm) that if appointed to any position under the Military Selective Service Act, I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter; SO HELP ME GOD.

WAIVER OF PAY

I hereby expressly declare that I am volunteering my services to assist in the administration of the Military Service Act, and if appointed to an uncompensated position, I hereby expressly waive any right to pay or compensation in any form whatsoever for services heretofore or hereafter rendered. This waiver is signed by me pursuant to the provisions of the Selective Service Regulations.

Printed or Typed Full Name	Signature	Date
Glover L. Smiley, Jr	<i>GL Smiley</i>	7/25/2015

AUTHENTICATION

SUBSCRIBED AND SWORN (or affirmed) BEFORE ME ON THIS 25th DAY OF July 20 15

Printed or Typed Full Name and Title of Individual Authorized to Administer Oath	Signature
Steven W. Carwile, Sgt. RFO	<i>Steven W. Carwile</i>

INSTRUCTIONS

- Completing this portion of the Form 404 will not commit you to accept an appointment nor does it constitute an offer of appointment.
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- Authentication - To be completed and signed by the person so authorized in Chapter 520, PPPM, after the prospective applicant has signed the Oath of Office and Waiver of Pay.
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SELECTIVE SERVICE SYSTEM INTERVIEW RECORD

Name of Applicant

Glover L. Smiley, Jr.

SSN

343-48-1150

State

SC

Area Office (if LB)

02

Board

LB

☒

DAB

☐

#

51

Name of Interviewer

Sgt. Steve Carwile

Date

7/25/15

Location

Spartanburg, SC

Other Information

INSTRUCTIONS FOR COMPLETING THIS FORM

- o Complete this form during or immediately following the interview.
- o Make certain all information is legible.
- o Review the interview record for completeness and accuracy.
- o Attach this interview record to the Board Member Application (SSS Form 404) completed by the prospective Board Member and forward to the Region. Retain a copy for your records.
- o All questions are to be completed and any explanations required will be provided in Section D. Incomplete forms will be returned for completion.

SECTION A

For an Identification Card to be issued after appointment, the following information is required:

Height: _____ (Inches)

Dominant Eye Color: _____

Weight: _____ (Pounds)

Dominant Hair Color: _____

SECTION B

Check the appropriate "Yes" or "No" answer. A "No" response in Questions 1-10 requires clarification in Section D on Page 2.

- | | | |
|---|--|---|
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 1. Does the candidate meet the eligibility requirement? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 2. Has the candidate reviewed the Information Booklet? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 3. Did you review current/post-mobilization duties of Board Members? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 4. Did you review selection procedures for Board Members? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 5. Did you discuss training requirements? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 6. Does the candidate have time to serve and ability to travel? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 7. Will the candidate be able to serve without any reservations? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 8. Does the candidate believe he/she can serve a year or more from now? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 9. Did the candidate speak clearly and distinctly? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 10. Did the candidate convey ideas in a logical manner? |
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | 11. Does the candidate object to having his/her name and represented county announcing the appointment as a Board Member published in local newspaper(s)? (Please note: Privacy Act forbids publishing the address of a Board Member and only the name and county represented would be used in the news release.) |



Office of the Governor
State of South Carolina

Application
Boards, Commissions, and Committees

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1] Your Name:

Dr./Mr./Mrs./Ms. Smiley, Jr Glover Lerry
Last First Middle

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

Selective Service Local Board

3] Your Current Address and County:

Your Congressional District: 4

117 Tugalo Court
ROEBUCK SC 29376

4] Home Telephone: (864) 587-0940 5] Office Telephone: (864) 594-4410 6] Fax: (864) 596-8460

7] Mobile Telephone: (864) 420-6335 8] Email Address: G.Smiley (a) Spart7.org
Smiley g(a) BETHSOUTH.NET

9] Drivers License # _____ 10] Social Security # # 1150

11] Voter Registration # _____ 12] Date of Birth: 06/24/54

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 _____
College graduate MASTER
Professional degree (please specify) M.A. Counseling

16] Present Employer Spartanburg County District 7 School

Address 300 DUPE DRIVE SPARTANBURG, SC 29307

Current Position Guidance Counselor

17] Years of residence in South Carolina: 27

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,



Selective Service System

Potential Board Member Information

See Instructions and Privacy Statement (Page 2)

FOR OFFICE USE ONLY	<input type="checkbox"/>
ST: _____ AO# <u>01</u> LB# <u>08</u>	
Service Computation Date _____ / _____ / _____	

#47151

1. Social Security Number: 248962883
2. Title: 1 Last Name: Dangerfield Suffix: _____ First Name: W MI: Rick
3. Residence Address: 27 North Basilica Ave
(Enter Number, Street, Route, Apt., number where you reside. Please no P.O. Box)
City: Hanahan County: Berkeley State: SC Zip: 29410-8655
(9 Digit Zip Requested)
4. Mailing Address: P.O. Box 493
City: Summerville State: SC Zip: 29454 Employer: North Charleston City
5. Residence Phone: 843-553-2070 6. Business Phone: 843-297-0980 Extension: _____
E-mail: rdanger@comcast.net Fax: _____
7. Birth Date: 10/18/1950
Month/Day/Year
- 8a. Ethnicity: Do you consider yourself to be Hispanic or Latino? Please check one box only: YES ☐ NO ☒
- 8b. Race: What is your race? Please check one or more boxes as appropriate:
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White
9. Sex: Male ☒ Female ☐
10. Are you a member of the Armed Forces of the United States? Enter Number: 6 (See Instructions - Page 2)
YES NO (For Items 11 through 19 check 'yes' or 'no')
11. ☒ ☐ Are you a citizen of the United States?
12. ☐ ☒ Are you a compensated employee of the Selective Service System?
13. ☐ ☒ Are you a spouse of an employee of Selective Service, as defined in the Eligibility Requirements on Page 1, paragraph A.2.e?
14. ☐ ☒ Are you (or are you the spouse of) a Reserve Force Officer with Selective Service, or an appointee to another Selective Service board?
15. ☒ ☐ Will you attend required board meetings and training sessions?
16. ☒ ☐ Do you feel you would be objective and unbiased in performing the duties as a member of a Selective Service Board?
17. ☐ ☒ Are you a former Selective Service Board Member? (Use continuation sheet if necessary)
If yes: Board No: _____ City: _____ Start Date: _____
State: _____ County: _____ Stop Date: _____

Selective Service System

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(Required of every person who undertakes to render voluntary uncompensated service in the administration of the Military Selective Service Act)

OATH OF OFFICE

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WAIVER OF PAY

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Printed or Typed Full Name <i>U. Rick Donser Reid</i>	Signature 	Date <i>August 3, 2015</i>
--	--	-------------------------------

AUTHENTICATION

SUBSCRIBED AND SWORN (or affirmed) BEFORE ME ON THIS 3rd DAY OF August 20 15

Printed or Typed Full Name and Title of Individual Authorized to Administer Oath <i>William E. Hesse, LTC, Commander</i>	Signature 
---	--

INSTRUCTIONS

- Completing this portion of the Form 404 will not commit you to accept an appointment nor does it constitute an offer of appointment.
- **Oath of Office and Waiver of Pay** - To be completed and signed by the prospective applicant when completing the interview and the first portion of this form.
- **Authentication** - To be completed and signed by the person so authorized in Chapter 520, PPPM, after the prospective applicant has signed the Oath of Office and Waiver of Pay.
- This form will be retained in the Board Member's file.

PROFESSIONAL ASSOCIATIONS/CERTIFICATIONS:

- World Safety Organization – Registered Safety Professional, Certified Security & Safety Director
- International Association of Fire Chiefs (IAFC) – Member
- IAFC Federal/Military Services Section – Past member/Board of Directors
- International Fire Service Accreditation Congress – Fire Officer IV, Fire Instructor II
- National Board on Fire Service Professional Qualifications – Health & Safety Officer
- National Board on Fire Service Professional Qualifications – Incident Safety Officer
- National Safety Council, SC Chapter – Past member & State Board of Directors
- National Fire Protection Association – Member
- National Fallen Firefighters Association – State Advocate & Instructor
- American Society of Safety Engineers – Past member
- Manchester Who's Who Registry of Executives and Professionals – Past Member
- Who's Who in the Safety Profession (1990)
- OSHA's Field Federal Safety and Health Council – SC Chapter (Past-member & regional chair)
- Southeastern Association of Fire Chiefs – Member
- SC State Association of Fire Chiefs – Member
- SC Society of Fire Service Instructors – Member
- SC Fire and Life Safety Educators – Member
- SC Traffic Incident Management Working Group – Charleston Area Network, Member
- SC Intelligent Traffic Solutions Committee – Member
- SC State Firefighters' Association – Executive Board (Past member)
- SC State Firefighters' Association – Health & Safety Committee, Member (Past chair)
- SC Preventive Radiological/Nuclear Detection Committee – Member
- SC All Hazards Incident Management Team – Low Country Team (Incident Commander/Safety Officer/Liaison Officer)
- Berkeley/Charleston/Dorchester Tri-County Assoc of Fire Chiefs – (Past Executive Director)
- Hammerton Lodge AFM 332 – Member

**SELECTIVE SERVICE SYSTEM
INTERVIEW RECORD**

Name of Applicant

W. Rick ~~X~~ Dangerfield

SSN

State

SC

Area Office (if LB)

01

Board

LB ☒ DAB ☐

008

Name of Interviewer

CTC Bill Hesse

Date

3 August 15

Location

via telephone

Other Information

INSTRUCTIONS FOR COMPLETING THIS FORM

- o Complete this form during or immediately following the interview.
- o Make certain all information is legible.
- o Review the interview record for completeness and accuracy.
- o Attach this interview record to the Board Member Application (SSS Form 404) completed by the prospective Board Member and forward to the Region. Retain a copy for your records.
- o All questions are to be completed and any explanations required will be provided in Section D. Incomplete forms will be returned for completion.

SECTION A

For an Identification Card to be issued after appointment, the following information is required:

Height: _____ (Inches)

Dominant Eye Color: _____

Weight: _____ (Pounds)

Dominant Hair Color: _____

SECTION B

Check the appropriate "Yes" or "No" answer. A "No" response in Questions 1-10 requires clarification in Section D on Page 2.

- | | | |
|---|--|---|
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 1. Does the candidate meet the eligibility requirement? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 2. Has the candidate reviewed the Information Booklet? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 3. Did you review current/post-mobilization duties of Board Members? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 4. Did you review selection procedures for Board Members? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 5. Did you discuss training requirements? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 6. Does the candidate have time to serve and ability to travel? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 7. Will the candidate be able to serve without any reservations? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 8. Does the candidate believe he/she can serve a year or more from now? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 9. Did the candidate speak clearly and distinctly? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 10. Did the candidate convey ideas in a logical manner? |
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | 11. Does the candidate object to having his/her name and represented county announcing the appointment as a Board Member published in local newspaper(s)? (Please note: Privacy Act forbids publishing the address of a Board Member and only the name and county represented would be used in the news release.) |

SECTION C

Please give a detailed impression of the candidate concerning the following topics:

12. Human Relations:

Excellent

13. Verbal Communications Ability:

Excellent

14. Decision Ability:

Excellent

15. Freedom from Bias:

Excellent

16. Leadership Ability:

Excellent - In leadership of N. Charleston F.D.

17. Temperament:

Excellent

18. What type of Board Member do you think this person would be (check one):

☒ A. Excellent ☐ B. Very Good ☐ C. Good ☐ D. Fair

19. Other Comments:

Is a member of several professional associations.

SECTION D

Space is provided for clarification of statements from Questions 1-10 on the previous page:

Question #

Question #

FOR STATES WITH LAWS PROHIBITING BOARD MEMBERSHIP FOR APPOINTED/ELECTED OFFICIALS:

The person interviewing a Prospective Board Member using this interview sheet will:

1. Either read the below NOTE to the Prospective Board Member or have the Prospective Board Member read it.
2. Indicate that the Prospective Board Member is aware of the NOTE's content by signing your name as the Interviewing Official, indicate your title or position, and enter the date.

NOTE: Some state and local governmental jurisdictions may have laws or regulations which might prohibit their appointed or elected officials from serving in certain Federal positions, including service as an SSS Board Member. If this prohibition applies to you, please notify the SSS and your application for Board Membership will be deferred.

Col E. Hance

Interviewing Official

Commander, 2SC

Position or Title (i.e., RFO/SD/etc.)

8/3/2015

Date



Office of the Governor
State of South Carolina

Application
Boards, Commissions, and Committees

Your nomination process **will not** be complete until this application is filed with the Office of Boards and Commissions, Post Office Box 12267, Columbia, South Carolina 29211.

1] Your Name:

Dr. Mr./Mrs./Ms. Dangerfield W. Rick
Last First Middle

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

Selective Service System

3] Your Current Address and County:

Your Congressional District: 1

27 North Basilica Ave Hanahan, SC 29410 Berkeley County

4] Home Telephone: 843-553-2070 5] Office Telephone: 843-297-0950 6] Fax: _____

7] Mobile Telephone: 843-297-0950 8] Email Address: rdanger@comcast.net

9] Drivers License # 001939571 10] Social Security # 245962553

11] Voter Registration # 4 533 711 12] Date of Birth: Oct 18, 1950

13] Race: W 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) _____

16] Present Employer North Charleston Fire Department

Address P.O. Box 190016 Cub 530 North Charleston, SC 29419

Current Position Special Assistant to Fire Chief (Safety & Compliance)

17] Years of residence in South Carolina: 64

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,



Selective Service System

Potential Board Member Information
See Instructions and Privacy Statement (Page 2)

FOR OFFICE USE ONLY <input type="checkbox"/>
ST: <u>SC</u> AO# <u>1</u> LB# <u>008</u>
Service Computation Date <u>1</u> / <u>1</u> / <u>1</u>

1. Social Security Number: 152-60-7122
2. Title: Ms Last Name: APONTE Suffix: _____ First Name: MIRIAM MI: L
3. Residence Address: 128 DUNBURY DR., SUMMERVILLE, SC 29485
(Enter Number, Street, Route, Apt., number where you reside. Please no P.O. Box)
City: Summerville County: Dorchester State: SC Zip: 29485-8610
(9 Digit Zip Requested)
4. Mailing Address: S/A/A
City: _____ State: _____ Zip: _____ Employer: _____
5. Residence Phone: 201-566-7969 6. Business Phone: _____ Extension: _____
E-mail: FNACOURT@AOL.COM Fax: _____
7. Birth Date: 11/26/58
Month/Day/Year
- 8a. Ethnicity: Do you consider yourself to be Hispanic or Latino? Please check one box only: YES ☒ NO ☐
- 8b. Race: What is your race? Please check one or more boxes as appropriate:
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White
9. Sex: Male ☐ Female ☒
10. Are you a member of the Armed Forces of the United States? NO Enter Number: ☐ (See Instructions - Page 2)
- YES NO (For Items 11 through 19 check 'yes' or 'no')
11. ☒ ☐ Are you a citizen of the United States?
12. ☐ ☒ Are you a compensated employee of the Selective Service System?
13. ☐ ☒ Are you a spouse of an employee of Selective Service, as defined in the Eligibility Requirements on Page 1, paragraph A.2.e?
14. ☐ ☒ Are you (or are you the spouse of) a Reserve Force Officer with Selective Service, or an appointee to another Selective Service board?
15. ☒ ☐ Will you attend required board meetings and training sessions?
16. ☒ ☐ Do you feel you would be objective and unbiased in performing the duties as a member of a Selective Service Board?
17. ☒ ☐ Are you a former Selective Service Board Member? (Use continuation sheet if necessary)
If yes: Board No: _____ City: DAYNE Start Date: ?
State: NJ County: PASSAIC Stop Date: 2010 } couldn't find my records.

2014 NOV 13 11:10
SEL. SVC. SYS. REG. I

Selective Service System

OATH OF OFFICE AND WAIVER OF PAY

(Required of every person who undertakes to render voluntary uncompensated service in the administration of the Military Selective Service Act)

OATH OF OFFICE

I do solemnly swear (or affirm) that if appointed to any position under the Military Selective Service Act, I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter; SO HELP ME GOD.

WAIVER OF PAY

I hereby expressly declare that I am volunteering my services to assist in the administration of the Military Service Act, and if appointed to an uncompensated position, I hereby expressly waive any right to pay or compensation in any form whatsoever for services heretofore or hereafter rendered. This waiver is signed by me pursuant to the provisions of the Selective Service Regulations.

Printed or Typed Full Name <u>MIRIAM L. APONTE</u>	Signature <u>[Signature]</u>	Date <u>10/3/14</u>
---	---------------------------------	------------------------

AUTHENTICATION

SUBSCRIBED AND SWORN (or affirmed) BEFORE ME ON THIS

9th DAY OF February 202015

Printed or Typed Full Name and Title of Individual Authorized to Administer Oath <u>R. Thompson, Program Analyst</u>	Signature <u>[Signature]</u>
---	---------------------------------

INSTRUCTIONS

- Completing this portion of the Form 404 will not commit you to accept an appointment nor does it constitute an offer of appointment.
- **Oath of Office and Waiver of Pay** - To be completed and signed by the prospective applicant when completing the interview and the first portion of this form.
- **Authentication** - To be completed and signed by the person so authorized in Chapter 520, PPPM, after the prospective applicant has signed the Oath of Office and Waiver of Pay.
- This form will be retained in the Board Member's file.

SELECTIVE SERVICE SYSTEM INTERVIEW RECORD

Name of Applicant

Miriam L. Aponte

SSN

152-60-7122

State

SC

Area Office (if LB)

A01

Board

LB ☒

DAB ☐

008

Name of Interviewer

LTC Bill Hesse

Date

27 September 2014

Location

via telephone

Other Information

Former LBM in New Jersey

INSTRUCTIONS FOR COMPLETING THIS FORM

- o Complete this form during or immediately following the interview.
- o Make certain all information is legible.
- o Review the interview record for completeness and accuracy.
- o Attach this interview record to the Board Member Application (SSS Form 404) completed by the prospective Board Member and forward to the Region. Retain a copy for your records.
- o All questions are to be completed and any explanations required will be provided in Section D. Incomplete forms will be returned for completion.

SECTION A

For an Identification Card to be issued after appointment, the following information is required:

Height: _____ (Inches)

Dominant Eye Color: _____

Weight: _____ (Pounds)

Dominant Hair Color: _____

SECTION B

Check the appropriate "Yes" or "No" answer. A "No" response in Questions 1-10 requires clarification in Section D on Page 2.

- | | | |
|---|--|---|
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 1. Does the candidate meet the eligibility requirement? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 2. Has the candidate reviewed the Information Booklet? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 3. Did you review current/post-mobilization duties of Board Members? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 4. Did you review selection procedures for Board Members? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 5. Did you discuss training requirements? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 6. Does the candidate have time to serve and ability to travel? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 7. Will the candidate be able to serve without any reservations? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 8. Does the candidate believe he/she can serve a year or more from now? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 9. Did the candidate speak clearly and distinctly? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 10. Did the candidate convey ideas in a logical manner? |
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | 11. Does the candidate object to having his/her name and represented county announcing the appointment as a Board Member published in local newspaper(s)? (Please note: Privacy Act forbids publishing the address of a Board Member and only the name and county represented would be used in the news release.) |

2014 NOV 13 A 11:13
 SEL. SVC. SYS. REG II



Office of the Governor
State of South Carolina

Application
Boards, Commissions, and Committees

Your nomination process **will not** be complete until this application is filed with the Office of Boards and Commissions, Post Office Box 12267, Columbia, South Carolina 29211.

1) Your Name:

Dr./Mr./Mrs./Ms. APONTE MIRIAM L.
Last First Middle

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

SELECTIVE SERVICE SYSTEM

3) Your Current Address and County:

Your Congressional District: #1

128 DUNBURY DR. SUMMERVILLE, SC 29485
DORCHESTER COUNTY

4) Home Telephone: 201-566-7969 5) Office Telephone: _____ 6) Fax: _____

7) Mobile Telephone: 201-566-7969 8) Email Address: FNACOURT@AOL.COM

9) Drivers License # 102594640 10) Social Security # 152-60-7122

11) Voter Registration # 185269498 12) Date of Birth: 11/26/58

13) Race: White 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) MPA (MASTER IN PUBLIC ADMINISTRATION)

16) Present Employer SELF EMPLOYED

Address 128 DUNBURY DR. SUMMERVILLE, SC 29485

Current Position INSURANCE AGENT

17) Years of residence in South Carolina: 4 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,



Selective Service System

Potential Board Member Information

See Instructions and Privacy Statement (Page 2)

#44565

FOR OFFICE USE ONLY	<input type="checkbox"/>
ST: <u>05</u> AO# <u>05</u> LB# <u>04</u>	
Service Computation Date <u> </u> / <u> </u> / <u> </u>	

1. Social Security Number: 418606016
2. Title: 1000 Last Name: JOHNSON Suffix: JR First Name: ROBERT MI: E
3. Residence Address: 102 ALAN COURT
(Enter Number, Street, Route, Apt., number where you reside. Please no P.O. Box)
City: ANDERSON County: ANDERSON State: SC Zip: 29625-6327
(9 Digit Zip Requested)
4. Mailing Address: SAME AS RESIDENCE
City: State: Zip: Employer:
5. Residence Phone: 864 287-7375 6. Business Phone: N/A Extension: N/A
E-mail: ellis1969@bellsouth.net Fax: N/A
7. Birth Date: 12/03/1947
Month/Day/Year
- 8a. Ethnicity: Do you consider yourself to be Hispanic or Latino? Please check one box only: YES ☐ NO ☒
- 8b. Race: What is your race? Please check one or more boxes as appropriate:
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White
9. Sex: Male ☒ Female ☐
10. Are you a member of the Armed Forces of the United States? Enter Number: 6 (See Instructions Page 2)
YES NO (For Items 11 through 19 check 'yes' or 'no')
11. ☒ ☐ Are you a citizen of the United States?
12. ☐ ☒ Are you a compensated employee of the Selective Service System?
13. ☐ ☒ Are you a spouse of an employee of Selective Service, as defined in the Eligibility Requirements on Page 1, paragraph A.2.e?
14. ☐ ☒ Are you (or are you the spouse of) a Reserve Force Officer with Selective Service, or an appointee to another Selective Service board?
15. ☒ ☐ Will you attend required board meetings and training sessions?
16. ☒ ☐ Do you feel you would be objective and unbiased in performing the duties as a member of a Selective Service Board?
17. ☐ ☒ Are you a former Selective Service Board Member? (Use continuation sheet if necessary)
If yes: Board No: City: Start Date:
State: County: Stop Date:

2014 AUG 11 A ID 05
SEL. SVC. SYS. REG II

Selective Service System

OATH OF OFFICE AND WAIVER OF PAY

(Required of every person who undertakes to render voluntary uncompensated service in the administration of the Military Selective Service Act)

OATH OF OFFICE

I do solemnly swear (or affirm) that if appointed to any position under the Military Selective Service Act, I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter; SO HELP ME GOD.

WAIVER OF PAY

I hereby expressly declare that I am volunteering my services to assist in the administration of the Military Service Act, and if appointed to an uncompensated position, I hereby expressly waive any right to pay or compensation in any form whatsoever for services heretofore or hereafter rendered. This waiver is signed by me pursuant to the provisions of the Selective Service Regulations.

Printed or Typed Full Name	Signature	Date
ROBERT ELLIS JOHNSON JR	Robert Ellis Johnson Jr	28 JUL 2014

AUTHENTICATION

SUBSCRIBED AND SWORN (or affirmed) BEFORE ME ON THIS 28th DAY OF July 2014

Printed or Typed Full Name and Title of Individual Authorized to Administer Oath	Signature
Steven W. Carwile RFO	SWC

INSTRUCTIONS

- Completing this portion of the Form 404 will not commit you to accept an appointment nor does it constitute and offer of appointment.
- **Oath of Office and Waiver of Pay** - To be completed and signed by the prospective applicant when completing the interview and the first portion of this form.
- **Authentication** - To be completed and signed by the person so authorized in Chapter 520, PPPM, after the prospective applicant has signed the Oath of Office and Waiver of Pay.
- This form will be retained in the Board Member's file.

SELECTIVE SERVICE SYSTEM INTERVIEW RECORD

Name of Applicant

Robert E. Johnson, Jr.

SSN

418-60-6016

State

SC

Area Office (if LB)

AO 5

Board

LB ☒

DAB ☐

4

Name of Interviewer

Steve Carwile

Date

28 July, 2014

Location

Clemson, SC

Other Information

INSTRUCTIONS FOR COMPLETING THIS FORM

- o Complete this form during or immediately following the interview.
- o Make certain all information is legible.
- o Review the interview record for completeness and accuracy.
- o Attach this interview record to the Board Member Application (SSS Form 404) completed by the prospective Board Member and forward to the Region. Retain a copy for your records.
- o All questions are to be completed and any explanations required will be provided in Section D. Incomplete forms will be returned for completion.

SECTION A

For an Identification Card to be issued after appointment, the following information is required:

Height: _____ (Inches)

Dominant Eye Color: _____

Weight: _____ (Pounds)

Dominant Hair Color: _____

SECTION B

Check the appropriate "Yes" or "No" answer. A "No" response in Questions 1-10 requires clarification in Section D on Page 2.

- | | | |
|---|--|---|
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 1. Does the candidate meet the eligibility requirement? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 2. Has the candidate reviewed the Information Booklet? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 3. Did you review current/post-mobilization duties of Board Members? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 4. Did you review selection procedures for Board Members? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 5. Did you discuss training requirements? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 6. Does the candidate have time to serve and ability to travel? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 7. Will the candidate be able to serve without any reservations? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 8. Does the candidate believe he/she can serve a year or more from now? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 9. Did the candidate speak clearly and distinctly? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 10. Did the candidate convey ideas in a logical manner? |
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | 11. Does the candidate object to having his/her name and represented county announcing the appointment as a Board Member published in local newspaper(s)? (Please note: Privacy Act forbids publishing the address of a Board Member and only the name and county represented would be used in the news release.) |



Office of the Governor
State of South Carolina

Application
Boards, Commissions, and Committees

Your nomination process **will not** be complete until this application is filed with the Office of Boards and Commissions, Post Office Box 12267, Columbia, South Carolina 29211.

1] Your Name:

Dr./Mr./Mrs./Ms. JOHNSON, JR. ROBERT ELLIS
Last First Middle

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

Selective Service Local Board

3] Your Current Address and County:

Your Congressional District: 3rd

102 ALAN COURT
ANDERSON SC 29625 ANDERSON COUNTY

4] Home Telephone: 864 287-7325 5] Office Telephone: N/A 6] Fax: N/A

7] Mobile Telephone: N/A 8] Email Address: ellis1969@bellsouth.net

9] Drivers License # 003260634 10] Social Security # 418 60 6016

11] Voter Registration # 4 229 908 12] Date of Birth: 3 DEC 1947

13] Race: CAU. 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) MS-MATH., MS-MECH. ENG.

16] Present Employer RETIRED PART TIME @ TRI-COUNTY TECHNICAL COLLEGE

Address 7900 HIGHWAY 76 PANDLETON SC 29670

Current Position ADJUNCT INSTRUCTOR

17] Years of residence in South Carolina: 32

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,



Selective Service System

Potential Board Member Information
See Instructions and Privacy Statement (Page 2)

#44564

FOR OFFICE USE ONLY	<input type="checkbox"/>
ST: <u>AK</u> LB: <u>004</u>	
Service Computation Date	<u> </u> / <u> </u> / <u> </u>

004/001

1. Social Security Number: 250-19-3773
2. Title: Last Name: Harrison Suffix: First Name: LaShauna MI: D
3. Residence Address: 5 Condon Street
(Enter Number, Street, Route, Apt., number where you reside. Please no P.O. Box)
City: Piedmont County: Greenville State: SC Zip: 29673-8188
(9 Digit Zip Requested)
4. Mailing Address: Same as residence
City: State: Zip: Employer:
5. Residence Phone: (864) 832-9323 6. Business Phone: (864) 882-9743 Extension: 103
E-mail: lharrison628@yahoo.com Fax: (864) 882-9744
7. Birth Date: 06/28/1969
Month/Day/Year
- 8a. Ethnicity: Do you consider yourself to be Hispanic or Latino? Please check one box only: YES ☐ NO ☒
- 8b. Race: What is your race? Please check one or more boxes as appropriate:
☐ American Indian or Alaska Native ☐ Asian ☒ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White
9. Sex: Male ☐ Female ☒
10. Are you a member of the Armed Forces of the United States? No Enter Number: (See Instructions - Page 2)
YES NO (For Items 11 through 19 check 'yes' or 'no')
11. ☒ ☐ Are you a citizen of the United States?
12. ☐ ☒ Are you a compensated employee of the Selective Service System?
13. ☐ ☒ Are you a spouse of an employee of Selective Service, as defined in the Eligibility Requirements on Page 1, paragraph A.2.e?
14. ☐ ☒ Are you (or are you the spouse of) a Reserve Force Officer with Selective Service, or an appointee to another Selective Service board?
15. ☒ ☐ Will you attend required board meetings and training sessions?
16. ☒ ☐ Do you feel you would be objective and unbiased in performing the duties as a member of a Selective Service Board?
17. ☐ ☒ Are you a former Selective Service Board Member? (Use continuation sheet if necessary)
If yes: Board No: City: State: County: Start Date: Stop Date:

SEL. SVC. SYS. REG. 1
JUN AUG 11 A 10 05

Selective Service System

OATH OF OFFICE AND WAIVER OF PAY

(Required of every person who undertakes to render voluntary uncompensated service in the administration of the Military Selective Service Act)

OATH OF OFFICE

I do solemnly swear (or affirm) that if appointed to any position under the Military Selective Service Act, I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter; SO HELP ME GOD.

WAIVER OF PAY

I hereby expressly declare that I am volunteering my services to assist in the administration of the Military Service Act, and if appointed to an uncompensated position, I hereby expressly waive any right to pay or compensation in any form whatsoever for services heretofore or hereafter rendered. This waiver is signed by me pursuant to the provisions of the Selective Service Regulations.

Printed or Typed Full Name	Signature	Date
LaShauna D. Harrison	<i>LaShauna D. Harrison</i>	July 22, 2014

AUTHENTICATION

SUBSCRIBED AND SWORN (or affirmed) BEFORE ME ON THIS 22nd DAY OF July 2014

Printed or Typed Full Name and Title of Individual Authorized to Administer Oath	Signature
Steven Wallace Carwile RFO	<i>SWC</i>

INSTRUCTIONS

- Completing this portion of the Form 404 will not commit you to accept an appointment nor does it constitute and offer of appointment.
- **Oath of Office and Waiver of Pay** - To be completed and signed by the prospective applicant when completing the interview and the first portion of this form.
- **Authentication** - To be completed and signed by the person so authorized in Chapter 520, PPPM, after the prospective applicant has signed the Oath of Office and Waiver of Pay.
- This form will be retained in the Board Member's file.

SELECTIVE SERVICE SYSTEM INTERVIEW RECORD

Name of Applicant

La Shauna D. Harrison

SSN

250-19-3773

State

SC

Area Office (if LB)

AO 4

Board

LB ☒

DAB ☐

48

Name of Interviewer

Steve Carwile

Date

26 June 2014

Location

Seneca, SC

Other Information

INSTRUCTIONS FOR COMPLETING THIS FORM

- o Complete this form during or immediately following the interview.
- o Make certain all information is legible.
- o Review the interview record for completeness and accuracy.
- o Attach this interview record to the Board Member Application (SSS Form 404) completed by the prospective Board Member and forward to the Region. Retain a copy for your records.
- o All questions are to be completed and any explanations required will be provided in Section D. Incomplete forms will be returned for completion.

SECTION A

For an Identification Card to be issued after appointment; the following information is required:

Height: _____ (Inches)

Dominant Eye Color: _____

Weight: _____ (Pounds)

Dominant Hair Color: _____

SECTION B

Check the appropriate "Yes" or "No" answer. A "No" response in Questions 1-10 requires clarification in Section D on Page 2.

- | | | |
|---|--|---|
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 1. Does the candidate meet the eligibility requirement? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 2. Has the candidate reviewed the Information Booklet? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 3. Did you review current/post-mobilization duties of Board Members? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 4. Did you review selection procedures for Board Members? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 5. Did you discuss training requirements? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 6. Does the candidate have time to serve and ability to travel? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 7. Will the candidate be able to serve without any reservations? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 8. Does the candidate believe he/she can serve a year or more from now? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 9. Did the candidate speak clearly and distinctly? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 10. Did the candidate convey ideas in a logical manner? |
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | 11. Does the candidate object to having his/her name and represented county announcing the appointment as a Board Member published in local newspaper(s)? (Please note: Privacy Act forbids publishing the address of a Board Member and only the name and county represented would be used in the news release.) |



Office of the Governor
State of South Carolina

Application
Boards, Commissions, and Committees

Your nomination process **will not** be complete until this application is filed with the Office of Boards and Commissions, Post Office Box 12267, Columbia, South Carolina 29211.

1) Your Name:

Dr./Mr./Mrs./Ms. Harrison LaShauna Dalcrene
Last First Middle

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

Selective Service Local Board

3) Your Current Address and County:

Your Congressional District: 4th

5 Condon Str., Piedmont, SC 29673 Greenville County, SC

4) Home Telephone: (864) 832-9323 5) Office Telephone: (864) 882-9743 6) Fax: (864) 882-9744
ext. 103

7) Mobile Telephone: (864) 356-6970 8) Email Address: lharrison628@yahoo.com

9) Drivers License # 008635549 10) Social Security # 250-19-3773

11) Voter Registration # _____ 12) Date of Birth: 06/28/1969

13) Race: Black/AA 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 Yes
Professional degree (please specify) Business Administration

16) Present Employer United Way of Oconee County, Inc

Address 409 E. North 1st Str, Ste A, Seneca, SC 29678

Current Position Chief Operating Officer

17) Years of residence in South Carolina: 45 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,



SELECTIVE SERVICE SYSTEM

Potential Board Member Information

See Instructions and Privacy Statement (Page 2).

40807

FOR OFFICE USE ONLY	<input type="checkbox"/>
ST: <u>SC</u> AO# <u>5</u> LB# <u>30</u>	
Service Computation Date <u>1/1</u>	

1. Social Security Number: 251-49-8988

2. Title: Mr. Last Name: Allen Suffix: _____ First Name: Richard MI: W

3. Residence Address: 6800 Highway 49
(Enter Number, Street, Route, Apt., number where you reside. Please no P.O. Box.)

City: Laurens County: Laurens State: SC Zip: 29360-4221
(9 Digit Zip Required)

4. Mailing Address: 6800 Highway 49
City: Laurens State: SC Zip: 29360 Employer: Self B

5. Residence Phone: 864-682-2648 6. Business Phone: 864-682-2648 Extension: 864-681-076
E-mail: richardallen@richardwallen.com Fax: 864-682-2648 business

7. Birth Date: 01/13/1982 8. Race/Ethnic: 4 N 9. Sex: Male ☒ Female ☐
Month / Day / Year (See Instructions on Page 2)

10. Are you a member of the Armed Forces of the United States? Enter Number: 1 (See Instructions - Page 2)

- YES NO (For Items 11 through 19, check 'yes' or 'no'.)
11. ☒ ☐ Are you a citizen of the United States?
12. ☐ ☒ Are you a compensated employee of the Selective Service System?
13. ☐ ☒ Are you a spouse of an employee of Selective Service, as defined in the Eligibility Requirements on Page 1, paragraph A.2.e.7?
14. ☐ ☒ Are you (or are you the spouse of) a Reserve Force Officer with Selective Service, or an appointee to another Selective Service board?
15. ☒ ☐ Will you attend required board meetings and training sessions?
16. ☒ ☐ Do you feel you would be objective and unbiased in performing the duties as a member of a Selective Service board?
17. ☐ ☒ Are you a former Selective Service Board Member? (Use continuation sheet if necessary)
If yes: Board No: _____ City: _____ Start Date: _____
State: _____ County: _____ Stop Date: _____
18. ☐ ☒ Have you ever been convicted, forfeited collateral, or are now under charges for a criminal offense, other than traffic offense with only a fine of \$400.00 or less? If yes, explain below.
19. ☒ ☐ Males only: I certify that I am in compliance with the registration requirement of the Military Selective Service Act. If no, explain below.
Selective Service Number: Find 847-688-6888 820 036 2823

20. Occupation: (See Instructions, Page 2) 07 Other: _____

21. Occupational Category: (See Instructions, Page 2) 99 Description: _____

22. I belong to the following civic/professional organizations: (If additional space is needed, use continuation sheet).

Organization	Office Held (if any)
<u>None</u>	

I certify that all of the statements made above are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

DATE SIGNED (SIGN IN INK)

SIGNATURE OF POTENTIAL BOARD MEMBER

SELECTIVE SERVICE SYSTEM OATH OF OFFICE AND WAIVER OF PAY

(Required of every person who undertakes to render voluntary uncompensated service in the
administration of the Military Selective Service Act)

OATH OF OFFICE

I do solemnly swear (or affirm) that if appointed to any position under the Military Selective Service Act, I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter; SO HELP ME GOD.

Richard W. Allen

WAIVER OF PAY

I hereby expressly declare that I am volunteering my services to assist in the administration of the Military Selective Service Act, and if appointed to an uncompensated position, I hereby expressly waive any right to pay or compensation in any form whatsoever for services heretofore or hereafter rendered. This waiver is signed by me pursuant to the provisions of the Selective Service Regulations.

Printed or Typed Full Name	Signature	Date
<i>Richard Whitney Allen</i>	<i>Richard W. Allen</i>	<i>12-20-10</i>

AUTHENTICATION

SUBSCRIBED AND SWORN (or affirmed) BEFORE ME ON THIS 20 DAY OF Dec 20 10

Printed or Typed Full Name and Title of Individual Authorized to Administer Oath	Signature
<i>MAJOR JEFFERY P MAGES</i>	<i>Jeff P. Mages</i>
<i>Sgt Steve Carville</i> <i>1 June 2013 confirmed</i>	
<i>W. E. Hesse, LTC</i> <i>26 June 2015 updated</i>	

INSTRUCTIONS

- Completing this portion of the Form 404 will not commit you to accept an appointment nor does it constitute an offer of appointment.
- **Oath of Office and Waiver of Pay** - To be completed and signed by the prospective applicant when completing the interview and the first portion of this form.
- **Authentication** - To be completed and signed by the person so authorized in Chapter 520, PPM, after the prospective applicant has signed the Oath of Office and Waiver of Pay.
- This form will be retained in the Board Member's file.

SELECTIVE SERVICE SYSTEM INTERVIEW RECORD

Name of Applicant

Richard W ALLEN

SSN

251-49-8988

State

SC

Area Office (if LB)

A05

Board

LB ☒ DAB ☐

030

Name of Interviewer

MAJ JEFFERY P. MAGES

Date

20 Dec 2010

Location

Laurens

Other Information

INSTRUCTIONS FOR COMPLETING THIS FORM

- o Complete this form during or immediately following the interview.
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SECTION A

For an Identification Card to be issued after appointment, the following information is required:

Height: _____ (Inches)

Dominant Eye Color: _____

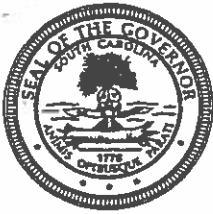
Weight: _____ (Pounds)

Dominant Hair Color: _____

SECTION B

Check the appropriate "Yes" or "No" answer. A "No" response in Questions 1-10 requires clarification in Section D on Page 2.

- | | | |
|---|--|---|
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 1. Does the candidate meet the eligibility requirement? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 2. Has the candidate reviewed the Information Booklet? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 3. Did you review current/post-mobilization duties of Board Members? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 4. Did you review selection procedures for Board Members? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 5. Did you discuss training requirements? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 6. Does the candidate have time to serve and ability to travel? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 7. Will the candidate be able to serve without any reservations? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 8. Does the candidate believe he/she can serve a year or more from now? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 9. Did the candidate speak clearly and distinctly? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 10. Did the candidate convey ideas in a logical manner? |
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | 11. Does the candidate object to having his/her name and represented county announcing the appointment as a Board Member published in local newspaper(s)? (Please note: Privacy Act forbids publishing the address of a Board Member and only the name and county represented would be used in the news release.) |



Office of the Governor
State of South Carolina

Application
Boards, Commissions, and Committees

Your nomination process **will not** be complete until this application is filed with the Office of Boards and Commissions, Post Office Box 12267, Columbia, South Carolina 29211.

1] Your Name:

Dr./Mr./Mrs./Ms. Allen Richard W.
Last First Middle

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

SELECTIVE SERVICE LOCAL BOARD

3] Your Current Address and County:

Your Congressional District: 3

6800 Highway 49
Laurens, SC 29360

4] Home Telephone: 864 682 2648 5] Office Telephone: 864 682 2648 6] Fax: 864 682 2648

7] Mobile Telephone: 864 905-1543 8] Email Address: richard.allen-us.com

9] Drivers License # 007874948 10] Social Security # 251 49 8988

11] Voter Registration # 6 040 400 12] Date of Birth: 1/13/1982

13] Race: W 14] Sex: Male Female

15] Level of Educational Background Completed:

Some High School _____
High School graduate or equivalence (G.E.D.) EASTSIDE HS. Taylors 2000
Some College _____
College graduate USC- SPARTANBURG 2004
Professional degree (please specify) J.D. University of South Carolina 2007

16] Present Employer Self

Address 123 West Public Square, Laurens, South Carolina 29360

Current Position Attorney

17] Years of residence in South Carolina: 29

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

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

20] Are you or any company in which you have a controlling interest delinquent in any local, N



Selective Service System

Potential Board Member Information

See Instructions and Privacy Statement (Page 2)

#41103

FOR OFFICE USE ONLY <input type="checkbox"/>	
ST: <u>4</u>	AO# <u>48</u>
Service Computation Date <u> </u> / <u> </u> / <u> </u>	

1. Social Security Number: 003-78-3302
2. Title: Mr. Last Name: Diener Suffix: First Name: Michael MI: J
3. Residence Address: 2950 E. North St. Apt 300C
(Enter Number, Street, Route, Apt., number where you reside. Please no P.O Box)
City: Greenville County: Greenville State: SC Zip: 29615-1866
(9 Digit Zip Requested)
4. Mailing Address: 2950 E. North St. Apt 300C
City: Greenville State: SC Zip: 29615 Employer: Brashier Middle College
5. Residence Phone: 864-477-8280 6. Business Phone: 864-757-1800 Extension: 231
E-mail: mikajdiener@gmail.com Fax:
7. Birth Date: 07/07/1989
Month/Day/Year
- 8a. Ethnicity: Do you consider yourself to be Hispanic or Latino? Please check one box only: YES ☐ NO ☒
- 8b. Race: What is your race? Please check one or more boxes as appropriate:
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White
9. Sex: Male ☒ Female ☐
10. Are you a member of the Armed Forces of the United States? Enter Number: ☐ (See Instructions - Page 2)
YES ☐ NO ☒ (For Items 11 through 19 check 'yes' or 'no')
11. ☒ ☐ Are you a citizen of the United States?
12. ☐ ☒ Are you a compensated employee of the Selective Service System?
13. ☐ ☒ Are you a spouse of an employee of Selective Service, as defined in the Eligibility Requirements on Page 1, paragraph A.2.e?
14. ☐ ☒ Are you (or are you the spouse of) a Reserve Force Officer with Selective Service, or an appointee to another Selective Service board?
15. ☒ ☐ Will you attend required board meetings and training sessions?
16. ☒ ☐ Do you feel you would be objective and unbiased in performing the duties as a member of a Selective Service Board?
17. ☐ ☒ Are you a former Selective Service Board Member? (Use continuation sheet if necessary)
If yes: Board No: City: Start Date:
State: County: Stop Date:

Selective Service System

OATH OF OFFICE AND WAIVER OF PAY

(Required of every person who undertakes to render voluntary uncompensated service in the administration of the Military Selective Service Act)

OATH OF OFFICE

I do solemnly swear (or affirm) that if appointed to any position under the Military Selective Service Act, I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter; SO HELP ME GOD.

WAIVER OF PAY

I hereby expressly declare that I am volunteering my services to assist in the administration of the Military Service Act, and if appointed to an uncompensated position, I hereby expressly waive any right to pay or compensation in any form whatsoever for services heretofore or hereafter rendered. This waiver is signed by me pursuant to the provisions of the Selective Service Regulations.

Printed or Typed Full Name * Michael Julian Piener	Signature Michael Piener	Date 06/25/2015
---	-----------------------------	--------------------

AUTHENTICATION

SUBSCRIBED AND SWORN (or affirmed) BEFORE ME ON THIS 25th DAY OF June 2015

Printed or Typed Full Name and Title of Individual Authorized to Administer Oath Steven W. Carwile Sgt. RFD	Signature [Signature]
--	--------------------------

INSTRUCTIONS

- Completing this portion of the Form 404 will not commit you to accept an appointment nor does it constitute and offer of appointment.
- Oath of Office and Waiver of Pay - To be completed and signed by the prospective applicant when completing the interview and the first portion of this form.
- Authentication - To be completed and signed by the person so authorized in Chapter 520, PPPM, after the prospective applicant has signed the Oath of Office and Waiver of Pay.
- This form will be retained in the Board Member's file.

SELECTIVE SERVICE SYSTEM INTERVIEW RECORD

Name of Applicant

Michael J. Diener

SSN

003-78-3302

State

S.C.

Area Office (if LB)

04

Board

LB ☒

DAB ☐

48

Name of Interviewer

Sgt. Steve Carwile

Date

25 June 2015

Location

Granville, SC

Other Information

INSTRUCTIONS FOR COMPLETING THIS FORM

- o Complete this form during or immediately following the interview.
- o Make certain all information is legible.
- o Review the interview record for completeness and accuracy.
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- o All questions are to be completed and any explanations required will be provided in Section D. Incomplete forms will be returned for completion.

SECTION A

For an Identification Card to be issued after appointment, the following information is required:

Height: _____ (Inches)

Dominant Eye Color: _____

Weight: _____ (Pounds)

Dominant Hair Color: _____

SECTION B

Check the appropriate "Yes" or "No" answer. A "No" response in Questions 1-10 requires clarification in Section D on Page 2.

- | | | |
|---|--|---|
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 1. Does the candidate meet the eligibility requirement? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 2. Has the candidate reviewed the Information Booklet? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 3. Did you review current/post-mobilization duties of Board Members? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 4. Did you review selection procedures for Board Members? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 5. Did you discuss training requirements? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 6. Does the candidate have time to serve and ability to travel? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 7. Will the candidate be able to serve without any reservations? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 8. Does the candidate believe he/she can serve a year or more from now? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 9. Did the candidate speak clearly and distinctly? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 10. Did the candidate convey ideas in a logical manner? |
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | 11. Does the candidate object to having his/her name and represented county announcing the appointment as a Board Member published in local newspaper(s)? (Please note: Privacy Act forbids publishing the address of a Board Member and only the name and county represented would be used in the news release.) |



Office of the Governor
State of South Carolina

Application
Boards, Commissions, and Committees

Your nomination process will not be complete until this application is filed with the Office of Boards and Commissions, Post Office Box 12267, Columbia, South Carolina 29211.

1] Your Name:

Dr./Mr./Mrs./Ms. Diener Michael Julian
Last First Middle

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

Selective Service Local Board

3] Your Current Address and County:

Your Congressional District: 4

2950 E. North St. Apt 300 C Greenville, SC 29615 Greenville County

4] Home Telephone: n/a 5] Office Telephone: 864-757-1800 6] Fax: n/a

7] Mobile Telephone: 864-477-8280 8] Email Address: mikejdiener@gmail.com

9] Drivers License # 102804099 10] Social Security # 003-78-3302

11] Voter Registration # 2358/9588 12] Date of Birth: 07/07/1989

13] Race: white 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) _____

16] Present Employer Brashier Middle College

Address 1830 W. Georgia Rd Simpsonville, SC 29687

Current Position Mathematics Teacher

17] Years of residence in South Carolina: 4

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,



Selective Service System

Potential Board Member Information
See Instructions and Privacy Statement (Page 2)

FOR OFFICE USE ONLY ☐
ST: 7 AO# 1 LB# 32
Service Computation Date 1/1

#33701

1. Social Security Number: 262-76-9936
2. Title: Mrs. Last Name: Ramsey Suffix: First Name: Barbara MI: A.
3. Residence Address: 229 Whispering Oak Lane
(Enter Number, Street, Route, Apt., number where you reside. Please no P.O. Box)
City: Chapin County: Lexington State: SC Zip: 29036-7316
(9 Digit Zip Requested)
4. Mailing Address: Same
City: Same State: Same Zip: Same Employer: retired
5. Residence Phone: 803-941-7313 6. Business Phone: NA Extension:
E-mail: Katiesgran@yahoo.com Fax: 803-941-7313
7. Birth Date: 3/23/1945
Month/Day/Year
- 8a. Ethnicity: Do you consider yourself to be Hispanic or Latino? Please check one box only: YES ☐ NO ☒
- 8b. Race: What is your race? Please check one or more boxes as appropriate:
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White
9. Sex: Male ☐ Female ☒
10. Are you a member of the Armed Forces of the United States? Enter Number: ☐ (See Instructions - Page 2)
YES NO (For Items 11 through 19 check 'yes' or 'no')
11. ☒ ☐ Are you a citizen of the United States?
12. ☐ ☒ Are you a compensated employee of the Selective Service System?
13. ☐ ☒ Are you a spouse of an employee of Selective Service, as defined in the Eligibility Requirements on Page 1, paragraph A.2.e?
14. ☐ ☒ Are you (or are you the spouse of) a Reserve Force Officer with Selective Service, or an appointee to another Selective Service board?
15. ☒ ☐ Will you attend required board meetings and training sessions?
16. ☒ ☐ Do you feel you would be objective and unbiased in performing the duties as a member of a Selective Service Board?
17. ☒ ☐ Are you a former Selective Service Board Member? (Use continuation sheet if necessary)
If yes: Board No: 076 City: Orlando Start Date: 7-30-2003
State: FL County: Orange Stop Date: 8-2011
6/12/12

2011 NOV 21 AM 10:11
S.S. REG. 11
SVC. S.S. REG. 11

13/076

Selective Service System

OATH OF OFFICE AND WAIVER OF PAY

(Required of every person who undertakes to render voluntary uncompensated service in the administration of the Military Selective Service Act)

OATH OF OFFICE

I do solemnly swear (or affirm) that if appointed to any position under the Military Selective Service Act, I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

WAIVER OF PAY

I hereby expressly declare that I am volunteering my services to assist in the administration of the Military Service Act, and if appointed to an uncompensated position, I hereby expressly waive any right to pay or compensation in any form whatsoever for services heretofore or hereafter rendered. This waiver is signed by me pursuant to the provisions of the Selective Service Regulations.

Printed or Typed Full Name	Signature	Date
Barbara A. Ramsey	Barbara A. Ramsey	10-8-2014

AUTHENTICATION

SUBSCRIBED AND SWORN (or affirmed) BEFORE ME ON THIS

14 DAY OF Oct 20 14

Printed or Typed Full Name and Title of Individual Authorized to Administer Oath	Signature
Phil Trahan RFD Det 2 SC	Phil Trahan

INSTRUCTIONS

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- **Authentication** - To be completed and signed by the person so authorized in Chapter 520, PPPM, after the prospective applicant has signed the Oath of Office and Waiver of Pay.
- This form will be retained in the Board Member's file.

**SELECTIVE SERVICE SYSTEM
INTERVIEW RECORD**

Name of Applicant

Barbara Ramsey

SSN

262-76-9936

State

SC

Area Office (if LB)

A07

Board

LB

☒

DAB

☐

#

32

Name of Interviewer

May J. Trahan

Date

14 OCT 14

Location

Other Information

INSTRUCTIONS FOR COMPLETING THIS FORM

- o Complete this form during or immediately following the interview.
- o Make certain all information is legible.
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SECTION A

For an Identification Card to be issued after appointment, the following information is required:

Height: _____ (Inches)

Dominant Eye Color: _____

Weight: _____ (Pounds)

Dominant Hair Color: _____

SECTION B

Check the appropriate "Yes" or "No" answer. A "No" response in Questions 1-10 requires clarification in Section D on Page 2.

- | | | |
|---|--|---|
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 1. Does the candidate meet the eligibility requirement? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 2. Has the candidate reviewed the Information Booklet? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 3. Did you review current/post-mobilization duties of Board Members? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 4. Did you review selection procedures for Board Members? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 5. Did you discuss training requirements? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 6. Does the candidate have time to serve and ability to travel? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 7. Will the candidate be able to serve without any reservations? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 8. Does the candidate believe he/she can serve a year or more from now? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 9. Did the candidate speak clearly and distinctly? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 10. Did the candidate convey ideas in a logical manner? |
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | 11. Does the candidate object to having his/her name and represented county announcing the appointment as a Board Member published in local newspaper(s)? (Please note: Privacy Act forbids publishing the address of a Board Member and only the name and county represented would be used in the news release.) |



Office of the Governor
State of South Carolina

Application
Boards, Commissions, and Committees

Your nomination process **will not** be complete until this application is filed with the Office of Boards and Commissions, Post Office Box 12267, Columbia, South Carolina 29211.

1) Your Name:

Dr./Mr./Mrs. Ramsey Barbara A.
Last First Middle

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

Selective Service Board

3) Your Current Address and County:

Your Congressional District: 2

229 Whispering Oak Lane
Chapin, S.C. 29036

4) Home Telephone: 803-941-7313 5) Office Telephone: NA 6) Fax: 803-941-7313

7) Mobile Telephone: 803-528-5001 8) Email Address: Katiesgran@yahoo.com

9) Drivers License # 102768460 10) Social Security # 262-76-9936

11) Voter Registration # 6-311-839 12) Date of Birth: 3-23-1945

13) Race: W 14) Sex: Male / (Female)

15) Level of Educational Background Completed:

Some High School _____
High School graduate or equivalence (G.E.D.) _____
Some College 3.5 yrs _____
College graduate _____
Professional degree (please specify) _____

16) Present Employer retired

Address _____

Current Position _____

17) Years of residence in South Carolina: 3

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, _____



Selective Service System

Potential Board Member Information

See Instructions and Privacy Statement (Page 2)

FOR OFFICE USE ONLY <input type="checkbox"/>
ST: <u> </u> AO# <u>2</u> LB# <u>46</u>
Service Computation Date <u> </u> / <u> </u> / <u> </u>

1. Social Security Number: 414 66 9266
2. Title: MR Last Name: CARLOWELL Suffix: JR First Name: DAVID MI: W
3. Residence Address: P.O. 2959 SANCREEK DR.
(Enter Number, Street, Route, Apt., number where you reside. Please no P.O. Box)
City: ROCK HILL County: YORK State: SC Zip: 29732-0215
(9 Digit Zip Requested)
4. Mailing Address: P.O. Box 37764
City: ROCK HILL State: SC Zip: 29732 Employer: RETIRED
5. Residence Phone: 803-328-9679 6. Business Phone: N/A Extension: N/A
E-mail: davec1@comporium.net Fax:
7. Birth Date: 09/09/1943
Month/Day/Year
- 8a. Ethnicity: Do you consider yourself to be Hispanic or Latino? Please check one box only: YES ☐ NO ☒
- 8b. Race: What is your race? Please check one or more boxes as appropriate:
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White
9. Sex: Male ☒ Female ☐
10. Are you a member of the Armed Forces of the United States? Enter Number: ☒ (See Instructions - Page 2)
YES ☐ NO ☒ (For Items 11 through 19 check 'yes' or 'no')
11. ☒ ☐ Are you a citizen of the United States?
12. ☐ ☒ Are you a compensated employee of the Selective Service System?
13. ☐ ☒ Are you a spouse of an employee of Selective Service, as defined in the Eligibility Requirements on Page 1, paragraph A.2.e?
14. ☐ ☒ Are you (or are you the spouse of) a Reserve Force Officer with Selective Service, or an appointee to another Selective Service board?
15. ☒ ☐ Will you attend required board meetings and training sessions?
16. ☒ ☐ Do you feel you would be objective and unbiased in performing the duties as a member of a Selective Service Board?
17. ☐ ☒ Are you a former Selective Service Board Member? (Use continuation sheet if necessary)
If yes: Board No: City: Start Date:
State: County: Stop Date:

Selective Service System

OATH OF OFFICE AND WAIVER OF PAY

(Required of every person who undertakes to render voluntary uncompensated service in the administration of the Military Selective Service Act)

OATH OF OFFICE

I do solemnly swear (or affirm) that if appointed to any position under the Military Selective Service Act, I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. SO HELP ME GOD.


WAIVER OF PAY

I hereby expressly declare that I am volunteering my services to assist in the administration of the Military Service Act, and if appointed to an uncompensated position, I hereby expressly waive any right to pay or compensation in any form whatsoever for services heretofore or hereafter rendered. This waiver is signed by me pursuant to the provisions of the Selective Service Regulations.

Printed or Typed Full Name	Signature	Date
DAVID WATERS CARDWELL JR		4/20/2015

AUTHENTICATION

SUBSCRIBED AND SWORN (or affirmed) BEFORE ME ON THIS 8 DAY OF Feb 20 15

Printed or Typed Full Name and Title of Individual Authorized to Administer Oath	Signature
MAJ Jim Trahan RFO SCDet 2	

INSTRUCTIONS

- Completing this portion of the Form 404 will not commit you to accept an appointment nor does it constitute and offer of appointment.
- **Oath of Office and Waiver of Pay** - To be completed and signed by the prospective applicant when completing the interview and the first portion of this form.
- **Authentication** - To be completed and signed by the person so authorized in Chapter 520, PPPM, after the prospective applicant has signed the Oath of Office and Waiver of Pay.
- This form will be retained in the Board Member's file.

SELECTIVE SERVICE SYSTEM INTERVIEW RECORD

Name of Applicant

SSN

414 669266

State

SC

Area Office (if LB)

AD2

Board

LB ☒ DAB ☐

46

Name of Interviewer

MAJ Jill Trahan

Date

1/15/15 a 2/8/15

Location

via phone

Other Information

INSTRUCTIONS FOR COMPLETING THIS FORM

- o Complete this form during or immediately following the interview.
- o Make certain all information is legible.
- o Review the interview record for completeness and accuracy.
- o Attach this interview record to the Board Member Application (SSS Form 404) completed by the prospective Board Member and forward to the Region. Retain a copy for your records.
- o All questions are to be completed and any explanations required will be provided in Section D. Incomplete forms will be returned for completion.

SECTION A

For an Identification Card to be issued after appointment, the following information is required:

Height: _____ (Inches)

Dominant Eye Color: _____

Weight: _____ (Pounds)

Dominant Hair Color: _____

SECTION B

Check the appropriate "Yes" or "No" answer. A "No" response in Questions 1-10 requires clarification in Section D on Page 2.

- | | | |
|---|--|---|
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 1. Does the candidate meet the eligibility requirement? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 2. Has the candidate reviewed the Information Booklet? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 3. Did you review current/post-mobilization duties of Board Members? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 4. Did you review selection procedures for Board Members? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 5. Did you discuss training requirements? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 6. Does the candidate have time to serve and ability to travel? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 7. Will the candidate be able to serve without any reservations? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 8. Does the candidate believe he/she can serve a year or more from now? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 9. Did the candidate speak clearly and distinctly? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 10. Did the candidate convey ideas in a logical manner? |
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | 11. Does the candidate object to having his/her name and represented county announcing the appointment as a Board Member published in local newspaper(s)? (Please note: Privacy Act forbids publishing the address of a Board Member and only the name and county represented would be used in the news release.) |



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 Office of the Governor,
Attn: Madison Walker, 1205 Pendleton Street, Columbia, South Carolina 29201.

1) Your Name:

Dr. Mr. Mrs. Ms. CARDWELL DAVID WITHERS
Last First Middle

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

SELECTIVE SERVICE DRAFT BOARD

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

Your Congressional District: YORK

P.O. Box 37764, Rock Hill, SC 29732 USA

4) Home Telephone: 803-328-9674 5) Office Telephone: N/A 6) Fax: N/A

7) Mobile Telephone: 803-984-1585 8) Email Address: davec1@compuserve.net

9) Drivers License # 003164087 10) Social Security #: 414-66-9266

11) Voter Registration # 7075197 12) Date of Birth: 9/9/43

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 6/1965

Professional degree (please specify) INDUSTRIAL ENGINEER

16) Present Employer RETIRED

Address _____

Current Position _____

17) Years of residence in South Carolina: 25 YEARS

18) Have you ever been arrested for a crime other than a minor traffic violation? NO If so, 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, DAVID WITHERS CARROLL, agree that, if I am appointed to the SELECTIVE SERVICE DRAFT BOARD 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.

[Signature]
Applicant's Signature

Sworn and subscribed before me this 25th day of February, Two thousand and 15.

[Signature]
Notary Public for South Carolina

My commission expires 03-21-23





Selective Service System

Potential Board Member Information

See Instructions and Privacy Statement (Page 2)

FOR OFFICE USE ONLY ☐

ST: SC AO# 6 LB# 26

Service Computation Date / /

1. Social Security Number: 147.56.3472 #31311
2. Title: MS(B) Last Name: WORDEN Suffix: First Name: BARBARA MI: J
3. Residence Address: 5145 MORNING FROST PL 406 Blackberry Lane
(Enter Number, Street, Route, Apt., number where you reside. Please no P.O. Box)
- City: MYRTLE BEACH County: HORRY State: SC Zip: 29579-3597 1709
(9 Digit Zip Requested)
4. Mailing Address: Same
- City: State: Zip: Employer: USPS
5. Residence Phone: 908-507-5240 6. Business Phone: 843-386-2031 Extension:
- E-mail: dejcbikerc@AOL.COM Fax:
7. Birth Date: 01-11-1958
Month/Day/Year
- 8a. Ethnicity: Do you consider yourself to be Hispanic or Latino? Please check one box only: ☐ YES ☒ NO
- 8b. Race: What is your race? Please check one or more boxes as appropriate:
- ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander ☒ White
9. Sex: ☐ Male ☒ Female
10. Are you a member of the Armed Forces of the United States? NO Enter Number: 11 (See Instructions - Page 2)
- YES NO (For Items 11 through 19 check 'yes' or 'no')
11. ☒ ☐ Are you a citizen of the United States?
12. ☐ ☒ Are you a compensated employee of the Selective Service System?
13. ☐ ☒ Are you a spouse of an employee of Selective Service, as defined in the Eligibility Requirements on Page 1, Paragraph A.2.e?
14. ☐ ☒ Are you (or are you the spouse of) a Reserve Force Officer with Selective Service, or an appointee to another Selective Service board?
15. ☒ ☐ Will you attend required board meetings and training sessions?
16. ☒ ☐ Do you feel you would be objective and unbiased in performing the duties as a member of a Selective Service Board?
17. ☒ ☐ Are you a former Selective Service Board Member? (Use continuation sheet if necessary)
- If yes: Board No: 041 City: VERNON Start Date: Not Sure 2007
State: NJ County: SUSSEX Stop Date: 12/31/12 12/7/2012
18. ☐ ☒ Have you ever been convicted, forfeited collateral, or are now under charges for a criminal offense, other than traffic offense with only a fine of \$400.00 or less? If yes, explain below.
19. ☐ ☐ Males only: I certify that I am in compliance with the registration requirement of the Military Selective Service Act. If no, explain below.
- Selective Service Number:

updated by Jill Trahan 6/2/15

Selective Service System OATH OF OFFICE AND WAIVER OF PAY

(Required of every person who undertakes to render voluntary uncompensated service in the administration of the Military Selective Service Act)

OATH OF OFFICE

I do solemnly swear (or affirm) that if appointed to any position under the Military Selective Service Act, I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter; SO HELP ME GOD.

WAIVER OF PAY

I hereby expressly declare that I am volunteering my services to assist in the administration of the Military Service Act, and if appointed to an uncompensated position, I hereby expressly waive any right to pay or compensation in any form whatsoever for services heretofore or hereafter rendered. This waiver is signed by me pursuant to the provisions of the Selective Service Regulations.

Printed or Typed Full Name BARBARA J WORDEN	Signature 	Date 01/05/13
---	---	-------------------------

AUTHENTICATION

SUBSCRIBED AND SWORN (or affirmed) BEFORE ME ON THIS 16 DAY OF July 20 15

Printed or Typed Full Name and Title of Individual Authorized to Administer Oath R. Thompson Program Analyst	Signature 
--	---

INSTRUCTIONS

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- **Oath of Office and Waiver of Pay** - To be completed and signed by the prospective applicant when completing the interview and the first portion of this form.
- **Authentication** - To be completed and signed by the person so authorized in Chapter 520, PPM, after the prospective applicant has signed the Oath of Office and Waiver of Pay.
- This form will be retained in the Board Member's file.

updated by Maj. Trahan
6/2/2015

SELECTIVE SERVICE SYSTEM INTERVIEW RECORD

Name of Applicant

Barbara Worden

SSN

State

SC

Area Office (if LB)

6

Board

LB ☒ DAB ☐

026

Name of interviewer

MAJ Jill Trahan

Date

5/4/13

Location

phone

Other Information

(908) 507-5240 (cell)

(843) 386-2031 (work)

BEJEBIKER@aol.com

INSTRUCTIONS FOR COMPLETING THIS FORM

- o Complete this form during or immediately following the interview.
- o Make certain all information is legible.
- o Review the interview record for completeness and accuracy.
- o Attach this interview record to the Board Member Application (SSS Form 404) completed by the prospective Board Member and forward to the Region. Retain a copy for your records.
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SECTION A

For an Identification Card to be issued after appointment, the following information is required:

Height: _____ (Inches)

Dominant Eye Color: _____

Weight: _____ (Pounds)

Dominant Hair Color: _____

SECTION B

Check the appropriate "Yes" or "No" answer. A "No" response in Questions 1-10 requires clarification in Section D on Page 2.

- | | | |
|---|--|---|
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 1. Does the candidate meet the eligibility requirement? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 2. Has the candidate reviewed the Information Booklet? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 3. Did you review current/post-mobilization duties of Board Members? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 4. Did you review selection procedures for Board Members? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 5. Did you discuss training requirements? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | 6. Does the candidate have time to serve and ability to travel? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 7. Will the candidate be able to serve without any reservations? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 8. Does the candidate believe he/she can serve a year or more from now? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 9. Did the candidate speak clearly and distinctly? |
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | 10. Did the candidate convey ideas in a logical manner? |
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | 11. Does the candidate object to having his/her name and represented county announcing the appointment as a Board Member published in local newspaper(s)? (Please note: Privacy Act forbids publishing the address of a Board Member and only the name and county represented would be used in the news release.) |

MD MAY 14 P 2:51
SEL. SVC. SYS. REG. II