

**North Carolina Department of Health and Human Services  
Division of Social Services  
Social Services Commission**

Beverly Eaves Perdue, Governor  
Lanier M. Cansler, Secretary



Sherry S. Bradsher, Director  
Tom Scullion, Chairman

***CONGRATULATIONS ON YOUR NOMINATION FOR APPOINTMENT TO THE  
\_\_\_\_\_ COUNTY BOARD OF SOCIAL SERVICES***

***This is one of the most important volunteer appointments to a board the county has to offer, and your service will be subject to the following conditions and requirements:***

**YOU MUST BE WILLING** to serve as an advocate for the interest of the County Department of Social Services, employees of the County Department of Social Services and the clients of the County Department of Social Services;

**YOU MUST BE WILLING** to work to increase public understanding, acceptance and support of social services programs by being a liaison between the County Department of Social Services, public officials and the public at large;

**YOU MUST BE WILLING** to promote closer working relationships between the Social Services Board and the County Commissioners;

**YOU SHALL BE EXPECTED** to be prepared for all Board of Social Services meetings by reading advance materials prior to the board meeting;

**YOU SHALL BE EXPECTED** to attend educational training related to board member duties and responsibilities and to attain a working knowledge of the many services offered by the County Department of Social Services;

**YOU SHALL BE EXPECTED** to devote the time, attention and effort needed to fulfill board member duties and participate actively and constructively in the business of the Social Services Board.

**YOU SHALL BE EXPECTED** to attend the Social Services Board meetings and other public meetings as necessary in support of the Social Services Board and the County Department of Social Services;

**YOU SHALL BE EXPECTED** to be informed concerning facts related to social and economic needs of the community;

**YOU SHALL BE EXPECTED** to obtain and read a copy of the booklet "*Serving on the County Board of Social Services*" before you are appointed to the board. Copies of the Nomination Form and the booklet can be downloaded at the following website: <http://www.ncdhhs.gov/dss/sscommission/nomination.htm>. Copies can also be obtained at the Chamber of Commerce, County Commissioner's Office and County Department of Social Services.

**I UNDERSTAND THE ABOVE CONDITIONS AND AGREE TO ADHERE TO THE CONDITIONS AND REQUIREMENTS IF APPOINTED TO SERVE:**

**SIGNATURE OF NOMINEE:** \_\_\_\_\_

(DSS-SSC-09-09)

G.S. 108A-1-11  
NOMINEE APPLICATION FOR APPOINTMENT BY THE SOCIAL SERVICES COMMISSION  
TO THE \_\_\_\_\_ COUNTY BOARD OF SOCIAL SERVICES

TERM: 2010 - 2013

**ANSWER ALL QUESTIONS TO BE CONSIDERED FOR APPOINTMENT  
DO NOT SEND RESUME, EXCEPT AS ATTACHMENT ONLY**

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1. NAME: \_\_\_\_\_
2. MAILING ADDRESS: \_\_\_\_\_  
COUNTY OF RESIDENCE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_
3. TELEPHONE: HOME: ( ) BUSINESS: ( ) CELL: ( )
4. HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE AGAINST THE LAW OTHER THAN A MINOR TRAFFIC VIOLATION? THE OFFENSE AND HOW RECENTLY YOU WERE CONVICTED WILL BE EVALUATED.  YES  NO (IF YES, EXPLAIN FULLY ON AN ADDITIONAL SHEET.)
5. ETHNIC BACKGROUND: BLACK \_\_\_\_\_ NATIVE AMERICAN \_\_\_\_\_ HISPANIC \_\_\_\_\_ WHITE \_\_\_\_\_ OTHER( SPECIFY) \_\_\_\_\_
6. SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ AGE \_\_\_\_\_
7. OCCUPATION OR FORMER OCCUPATION IF RETIRED: \_\_\_\_\_
8. EDUCATIONAL BACKGROUND: HIGH SCHOOL  COLLEGE DEGREE  GRADUATE SCHOOL DEGREE
9. RELATED EXPERIENCE: (BOARDS & VOLUNTEER SERVES IN PAST 5 YEARS) \_\_\_\_\_
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10. BOARDS & VOLUNTEER SERVICES CURRENTLY SERVING ON: \_\_\_\_\_
- 
11. CURRENT COMMUNITY INTERESTS & ACTIVITIES: (AND AWARDS OR RECOGNITIONS): \_\_\_\_\_
- 
12. IS NOMINEE A CURRENT COUNTY SOCIAL SERVICES BOARD MEMBER?  YES  NO  
IF YES, GIVE DATES AND COUNTY: \_\_\_\_\_  
IF NO, HAS NOMINEE SERVED PREVIOUSLY ON A COUNTY SOCIAL SERVICES BOARD?  YES  NO  
IF YES, GIVE DATES AND COUNTY: \_\_\_\_\_
13. IS NOMINEE CURRENTLY A COUNTY COMMISSIONER?  YES  NO  
IF NO, DO YOU PLAN ON RUNNING FOR OFFICE IN THE NEAR FUTURE?  YES  NO
14. IS NOMINEE A FORMER EMPLOYEE OF THE DSS?:  YES  NO IF YES, WHEN \_\_\_\_\_
15. DOES THE NOMINEE HAVE AN IMMEDIATE FAMILY MEMBER WORKING FOR THE COUNTY DEPARTMENT OF SOCIAL SERVICES IN THE SAME COUNTY? 'IMMEDIATE FAMILY MEMBER' FOR THE PURPOSE OF THE APPOINTMENT IS DEFINED AS A SPOUSE, PARENT, SIBLING, CHILD, GRANDPARENT, GRANDCHILD, STEPPARENT, STEPCCHILD, MOTHER-IN-LAW, FATHER-IN-LAW, DAUGHTER-IN-LAW, BROTHER-IN-LAW, SISTER-IN-LAW, AUNT, UNCLE, NIECE OR NEPHEW.  YES  NO
16. BRIEFLY EXPLAIN WHY YOU WISH TO SERVE ON THIS BOARD AND HOW YOU WILL ASSIST THE WORK ON THE BOARD:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RESTRICTIONS  
COUNTY SOCIAL SERVICES BOARD MEMBERSHIP**

**G.S. 108A-3: Residential Qualifications**  
Each member of the county social services board "...shall be bona fide residents of the county from which they are appointed to serve..."

**G.S. 108A-4: Term of Appointment**  
"Each member of a county board of social services shall serve for a term of three years. No member may serve more than two consecutive terms. Notwithstanding the previous sentence, the limitation on consecutive terms does not apply if the member of the social services board was a member of the board of county commissioners at any time during the first two consecutive terms, and is a member of the board of county commissioners at the time of reappointment."

**G.S. 108A-6: Member Filling an Unexpired Term**  
All appointments made to fill vacancies "... shall be for the remainder of the former member's term of office and shall not constitute a term for the purposes of G.S. 108A-4."

**G.S. 108A-47: State/County Special Assistance for Adults - Limitations on Payments**  
"No payment for assistance . . . shall be made for the care of any person in an adult care home that is owned or operated in whole or in part by . . . a member . . . of any county board of social services."

**G.S. 108A-55: Medical Assistance Program - Payments**  
"No payments shall be made for the care of any person in a nursing home or intermediate care home which is owned or operated in whole or in part by a member of . . . any county board of social services..."

**G.S. 128-1.1: Dual-Office Holding Allowed**  
Any person who holds an elective or appointive office in State or local government is authorized by the General Assembly, pursuant to Article VI, Sec. 9 of the North Carolina Constitution to hold concurrently one other appointive office, place of trust or profit, in either State or local government.

**10A NCAC 68 .0301: Employment of Relatives of County Board Members**  
"No person shall be considered for employment in a county department of social services during the time a member of his immediate family is serving on the county board of social services or the board of county commissioners in the same county. **This regulation in no way effects the status of a person who is already an employee of a county department of social services and of whose immediate family member becomes a candidate for or is appointed or elected to the county board of social services or the board of commissioners of the same county.** (emphasis added)  
'Immediate family member,' is for purposes of this Regulation defined as a spouse, parent, sibling, child, grandparent, grandchild, stepparent, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, aunt, uncle, niece, or nephew."

**DO YOU OR YOUR BUSINESS RECEIVE FUNDS OF ANY TYPE FROM THE DSS?**  YES  NO

**IF YES, EXPLAIN:** \_\_\_\_\_

**DO YOU HAVE A CURRENT CONTRACT FOR SERVICES WITH DSS?**  YES  NO

**I HAVE READ THE ABOVE RESTRICTIONS ON SERVING ON A COUNTY BOARD OF SOCIAL SERVICES AND UNDERSTAND THE RESTRICTIONS AND DO NOT BELIEVE MY APPOINTMENT WILL VIOLATE ANY OF THE STATUTES OR RULES LISTED ABOVE.**

**I AGREE TO SERVE IF APPOINTED.**

**Signature of Nominee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RECOMMENDED BY (NAME, TELEPHONE NUMBER, ORGANIZATION/POSITION, ADDRESS):** \_\_\_\_\_

**IF SUBMITTED BY SOMEONE OTHER THAN NOMINEE, SUBMITTED BY:** \_\_\_\_\_

<p><b>PLEASE MAIL APPLICATION TO:</b></p> <p><b>DIVISION OF SOCIAL SERVICES</b></p> <p><b>ATTENTION: SOCIAL SERVICES COMMISSION</b></p> <p><b>2401 MAIL SERVICE CENTER</b></p> <p><b>RALEIGH, NC 27699-2401</b></p>	<p><b>Division Use Only</b></p> <p><b>Form Received on:</b></p>
<p><b>Note: Please be sure to sign pages 1 and 3 of this form. Your application will be considered incomplete if all pages are not included.</b></p>	