



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT

BOND OVERSIGHT COMMITTEE

Membership Application

NAME:

(First)

(Middle)

(Last)

ADDRESS:

TELEPHONE:

(Residence)

(Residence)

(Cell)

(Mailing)

(Business)

(FAX)

Length of residency in city of Sacramento: _____ years

EMPLOYER: (Name) _____

(Address)

(Occupation)

ELIGIBILITY: *(Please check the appropriate box that applies to your application)*

Representative of the Business Community: _____
Name of Business Organization

Active Member of Taxpayers' Organization: _____
Name of Organization

Parent of SCUSD Student: Child enrolled in _____ Grade: _____

Parent of SCUSD Student: Active in School PTA at _____

Active in School Site Council at _____

General Member

Confirmation of Above Eligibility Membership can be verified by contacting:

(Name)

(Position)

(Day Phone)

FACILITIES, CONSTRUCTION OR FINANCE EXPERIENCES:

Organization	From (Date)	To (Date)	Positions Held

EDUCATION:

School	Course of Study	Graduation Date/Degree

Additional Pertinent Courses or Training

Other Pertinent Skills Experience or Interests:

PLEASE FURNISH BRIEF, WRITTEN RESPONSES TO THE QUESTIONS BELOW. USE ADDITIONAL SHEETS IF NECESSARY.

1. Why do you think you should be appointed? What specifically in your background qualifies you as a candidate?

Training: _____

Education: _____

Special Interests: _____

2. What do you see as the objective and goal of the Bond Oversight Committee?

3. What contributions would you bring to the Bond Oversight Committee?

4. Do you have any reservations about the Bond Oversight Committee?

5. Describe in detail your involvement in the organization/s you cite under the eligibility section of this application as qualifying you for committee membership?

6. You may add any additional information.

7. Please provide the names, addresses and telephone numbers of three (3) personal references other than family members, district employees and Board Members).

Name	Address	Telephone

My signature below certifies that I am currently a resident of Sacramento City Unified School District.

(Print Name)

Signature

Date: _____

*PLEASE SUBMIT YOUR APPLICATION
TO THE OPERATIONS SUPPORT SERVICES OFFICE
SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
5735 47TH AVENUE – BOX 807
SACRAMENTO, CA 95824*