CHICO UNIFIED SCHOOL DISTRICT APPLICATION FOR CITIZENS' OVERSIGHT COMMITTEE

	Work Phone:	
E-Mail:		
		Work Phone:

Why do you want to serve on the Measure E Citizens' Oversight Committee?

Do you have any special area of expertise or experience that you think would be helpful to the committee?

If you have served on other school district, city, or community committees please list and briefly describe your role:

I would be able to represent the following constituencies in the District: (check all that apply)

Business Representative – Active in a business organization representing local business Organization: _____

Senior Citizen Group Representative – Active member in a senior citizens' organization Organization:

Taxpayer Organization Member – Active in a bona fide taxpayers' association Organization:

Parent or Guardian of Child Enrolled in District

Child's Name and School: _____ Child's Name and School:

Parent/Guardian of Child Enrolled in District & Active in a Parent-Teacher Organization

Child's Name and School: _____

Child's Name and School: ______

Organization: _____

At-Large Community Member – Resident of the Chico Unified School District

Please note any additional information you feel should be considered as part of your application:

- Are you an employee of the District?* 1.
- 2. Are you a vendor, contractor, or consultant to the school district?
- 3. Do you have conflicts that would preclude your attending quarterly meetings?
- 4. Do you know of any reason, such as a potential conflict of interest, which would adversely affect your ability to serve on the committee?*
- Are you willing to comply with the ethics code included in the bylaws? 5.

(*Employees, vendors, contractors, and consultants of the Chico Unified School District are prohibited by law from being members of the Citizens' Oversight Committee. Employment which could result in becoming a contractor or subcontractor to the district would also be a potential conflict.)

Signature of Applicant

All answers and statements in this document are true and complete to the best of my knowledge.

Signature ______ Date _____

Completed applications must be received in the Superintendent's Office of the Chico Unified School District, 1163 East Seventh Street, Chico, CA 95928 or faxed to (530) 891-3220 no later than 4:30pm, May 15, 2015. If you have any questions, please call the Chico Unified School District at (530) 891-3000, ext. 111.

It is the policy of the Chico Unified School District not to unlawfully discriminate on the basis of sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, color, religion, marital status, age or mental or physical disability in the educational programs or activities which it operates.

Yes	No