SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
BOND OVERSIGHT COMMITTEE
MEMBERSHIP APPLICATION

NAME:

_____

(First)   (Middle)   (Last)

ADDRESS: **TELEPHONE:**

_____   _____

(Residence)   (Cell or Residence)

_____

(Mailing – if different)

Length of residency in the City of Sacramento: _____Years

EMPLOYER: (Name) _____

_____

(Address)   (Occupation)

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

☐ Member active in the local business community - Name of business: _____

☐ Member active in a senior citizens' organization – Name of organization: _____

☐ Member active in a bona-fide taxpayers' association – Name of association: _____

☐ Member who is a parent/guardian of a child enrolled in the District- School: _____

☐ Member who is a parent/guardian of a child enrolled in the District and is active in a parent/teacher organization such as the parent teacher association or a school site council School: _____

☐ Member active in a labor organization – Name of Organization: _____

Member active in a community-based organization - Name of Organization:_____

Confirmation of above eligibility membership can be verified by contacting:

Name: _____ **Position:** _____ **Phone:** _____

FACILITIES, CONSTRUCTION OR FINANCE EXPERIENCES:

Organization	From: (Date)	To: (Date)	Position 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:

1. What do you see as the objectives and goals of the Bond Oversight Committee?

_____

_____

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

_____

_____

3. **Describe in detail your involvement in the organization(s) you cite under the eligibility section of this application as qualifying you for committee membership?**

_____

_____

_____

4. **Additional information (optional):**

_____

_____

_____

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

_____   _____
            (Print Name)   **(Signature)**

PLEASE SUBMIT YOUR APPLICATION
TO THE OPERATIONS SUPPORT SERVICES OFFICE
SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
EMAIL: ELENA-HANKARD@SCUSD.EDU