



**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: ROBYN-MUTCHLER@SCUSD.EDU**