

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
 BOND OVERSIGHT COMMITTEE
 MEMBERSHIP APPLICATION

NAME:		
(First)	(Middle)	(Last)
ADDRESS:		TELEPHONE:
(Residence)	(Cell or Residence)	
(Mailing—if different)		
(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

FACILITIES, CONSTRUCTION OR FINANCE EXPERIENCES:

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

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: ELENWANKARD@SCUSD.EDU