Fullerton School District

1401 W. Valencia Dr., Fullerton, CA 92833 Phone: (714) 447-7400 Fax: (714) 447-7417



Measure "N" Citizens Oversight Committee Application Form

| GENERAL INFORMATION: | | | | |
|------------------------------------|----------------------------------|---|---|------------------|
| Name: | | Telephone: | Fax Number: | |
| Home A | Address: | | | |
| E-Mail: | | Street | City | Zip |
| | OYMENT INFORMAT | | | |
| | | | | |
| Name of Employer: Work Address: | | | Occupation: | |
| | | | - | |
| Membe | ership position(s) that ap | pucant is quantied to fin | l• | |
| | | | e have at least one member re regory you belong, and check | |
| | | ganization representing th | ne business community | |
| | Active in a senior citiz | | ti an | |
| | | ona fide taxpayer organiza Fullerton School District | | |
| | Parent or guardian of a | | student active in a parent-te | acher |
| | organization | | | |
| | At-large community m | ember | | |
| List app | licable organization: | | | |
| Please i those ar | | ence in the fields listed be | elow and list any skills or kno | owledge in |
| | Construction | | | |
| | Architectural Design | | | |
| | Public Financing Contract Law | | | |
| | Building Project/Progra | am Management | | |
| | | | | |
| Describ | e: | | | |
| | | | | |
| ADDIT | IONAL INFORMATIO | N: | | |
| 1. | Have you been a member Yes No | per of any Fullerton School | ol District or school-based co | ommittee? |
| | If so, which one, and in | n what capacity? | | |
| 2. | Are you an employee of | of the School District? (No | OTE: Employees of the Sch | ool District are |

prohibited by law from being members of the Citizens Oversight Committee.) \square Yes \square No

(OVER)

| 3. | Have you ever been employed by the Fullerton School District? \Box Yes \Box No | | | |
|---------------------|--|--|--|--|
| 4. | Are you a vendor, contractor, or consultant to the School District? (NOTE: Vendors, contractors, and consultants of the School District are prohibited by law from being members of the Citizens Oversight Committee.) \square Yes \square No | | | |
| 5. | Are you able to complete at least one term (two years) as a member of the Citizens Oversight Committee and refrain from becoming an employee, vendor, contractor, or consultant of the School District during such time period? \Box Yes \Box No | | | |
| | esent or past membership in any community service, civic, or youth organization. Please also ticipation in seminars, workshops, volunteer work, professional organizations, etc. | | | |
| | | | | |
| | | | | |
| Please | answer the following questions: | | | |
| 1. | How long have you been a resident within the Fullerton School District?Years | | | |
| 2. | Do you have any children or grandchildren who now attend (or have attended) Fullerton School District schools? \Box Yes \Box No | | | |
| 3. | Do you know of any reason, such as a potential conflict of interest, which would adversely affect your ability to serve on the Citizens' Oversight Committee? Yes No | | | |
| 4. | List references that have knowledge of your character, experience, and abilities. Do not include names of relatives. (You may attach letters of reference from those listed if you wish.). Please provide Name/Address/Phone/Business/Occupation for each reference: | | | |
| | | | | |
| 5. | Explain why you would like to be appointed to this Committee. | | | |
| | | | | |
| | | | | |
| (You ma | ay provide additional answers to the above question on separate sheets of paper.) | | | |
| CERTI | FICATE OF APPLICANT: | | | |
| All answ belief. | wers and statements in this document are true and complete to the best of my knowledge and | | | |
| Signati | ure Date | | | |