

**STOCKTON UNIFIED SCHOOL DISTRICT  
INDEPENDENT CITIZENS' OVERSIGHT COMMITTEE  
MEMBER APPLICATION**

**DEADLINE 5 PM NOVEMBER 30, 2022**

**Personal Information:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Employer Information:**

Name of Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**I would be able to represent the following constituencies in the District for a two-year term (check all that apply):**

- Business Representative** – Active in a business organization representing local businesses
- Senior Citizen Group Representative** – Active member in a senior citizens' organization
- Taxpayer Organization Member** – Active in 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 the District & Active in a Parent-Teacher Organization**

**Child's Name and School** \_\_\_\_\_

**Child's Name and School** \_\_\_\_\_

**Parent/Guardian/Teacher Organization** \_\_\_\_\_

- At-Large Community Member** – Resident of the school district

**Educational Background** (High School, College, Degrees, Majors, Vocational Training, Certification, Technical Training)

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1. How long have you been a resident within the School District?

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2. Do you have any children or grandchildren who now attend (or have attended) our School District schools?  Yes  No

Which schools and comments: \_\_\_\_\_

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3. List present or past membership in any community service (e.g., volunteer, civic or youth) organizations: If you have served on other school district, city or community committees please list and briefly describe your role

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4. Why are you interested in serving on the bond oversight committee?

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5. Describe your skills, training and experience in the areas of finance, facilities and or/construction.

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

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7. Are you an employee of the district?

Yes  No

8. Are you or any member of your immediate family a vendor, contractor or consultant to the school district?

Yes  No

9. Do you have conflicts that would prevent you from attending quarterly meetings?

Yes  No

**Signature of Applicant**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

It is the policy of the 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.