

**Santa Monica-Malibu Unified School District (SMMUSD)
Office of the Superintendent**

APPLICATION FORM – DISTRICT ADVISORY COMMITTEE

2007 – 2008

TYPE OR PRINT IN BLACK INK

Name:			
Mailing Address (include City, State, ZIP):			Is this a RE-APPLICATION? (Are you a current DAC member who is applying for a different membership category?): <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone:	Work Phone:	Fax Number:	Email Address:

Please indicate the DAC for which you wish to be considered (mark in order of preference – 1, 2, 3):	
<input type="checkbox"/> English Learners Advisory Committee (ELAC)	<input type="checkbox"/> Special Education District Advisory Committee (SEDAC)
<input type="checkbox"/> Child Care & Development Advisory Committee	<input type="checkbox"/> Sports & Physical Education Advisory Committee
<input type="checkbox"/> Community Health & Safety Advisory Committee	<input type="checkbox"/> Visual & Performing Arts (VAPA) Advisory Committee – circle a subcommittee: 1) Music 2) Visual 3) Dance/Dramatic Arts

What group(s) do you feel you would represent particularly well? (Check all that apply):		
<input type="checkbox"/> Parent (Also indicate if you have children in nonpublic schools)	School:	Grade Level(s) of Children:
<input type="checkbox"/> Expert or Professional in a Field Related to the Committee	Please Specify:	
<input type="checkbox"/> School Site or District Employee (SMMUSD)	Location & Position:	
<input type="checkbox"/> Student (currently)	Name of School / Grade:	
<input type="checkbox"/> Community Member (non-parent)	Prior District Involvement:	

Please list any local or community service organizations to which you belong. Also list any District Advisory Committees (DACs) on which you are currently serving or have previously served (include dates of service):

Specific abilities, experience, interest you would bring to the District Advisory Committee (DAC) (please include community / business expertise and/or occupation:

What would you hope to accomplish as a member of a District Advisory Committee (DAC)?

THIS INFORMATION IS VOLUNTARY

In order to have racial / ethnic balance on these committees, we request that you complete this section. Please indicate which of the following describes your identification:

American Indian or Alaskan Native

African American / Black

Asian

White

Pacific Islander

Hispanic/Latino

Filipino

Multi-racial/Multi-ethnic _____

All persons are invited to apply for membership on Santa Monica-Malibu Unified School District Advisory Committees, regardless of race, age, sex, religion, marital status, national origin, ancestry, sexual orientation, or disability.

Applicants should not serve on more than one District Advisory Committee (DAC). The membership of these committees is appointed or is considered for appointment by the Board of Education at one of its regularly scheduled meetings. Appointees agree to serve one-year terms and will be notified by the Office of the Superintendent or district liaison. Current committee members who no longer represent the membership category to which they were originally appointed, but who wish to continue as members of their respective committees, must submit new applications and will be considered for appointment.

You do not need to answer every question on this application. All applicants should attach a copy of their **most current resume** and return with this application.

Applicant's Signature: _____ **Date:** _____

Return completed application and resume to:

Superintendent's Office
Santa Monica-Malibu Unified School District
1651 16th Street
Santa Monica, CA 90404
FAX: 310.581.1138

THANK YOU FOR APPLYING!