

**Santa Monica-Malibu Unified School District
Office of the Superintendent
APPLICATION FORM
PROP 39 BOND OVERSIGHT COMMITTEE**

TYPE OR PRINT IN BLACK INK

The District is seeking qualified candidates who meet the criterion, in accordance with Section 5.1 of the Committee Bylaws.

Name:			
Mailing Address (include City, State, ZIP):			Resident in District?
Home Phone:	Cell Phone:	Work Phone:	Email Address:

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.

The Prop 39 Oversight Committee for Measure BB and Measure ES will meet at least once per year, but not more frequently than quarterly at a place to be determined.

All applicants should attach a copy of their most current resume and return with this application.

<u>Please check all that apply:</u>		
<input type="checkbox"/> Parent (Also indicate if you have children in nonpublic schools)	School:	Grade Level(s) of Children:
<input type="checkbox"/> Active member of parent-teacher organization (i.e., PTA, school site council)	School:	Role:
<input type="checkbox"/> Active member of business organization located in district	Name of Organization:	Role:
<input type="checkbox"/> Active member of senior citizens' organization	Name of Organization:	Role:
<input type="checkbox"/> Active member of a bona-fide taxpayers association	Name of Association:	Role:

<input type="checkbox"/> Member of the community (you live within the district's boundaries)	Please Specify:
--	-----------------

<input type="checkbox"/> Expertise/experience in any of the following: finance, legal	Please Specify:
--	-----------------

Please list specific abilities, experience, interest you would bring to the Prop 39 Bond Oversight Committee (please include community/business experience/occupation):

What would you hope to accomplish as a member of the Prop 39 Bond Oversight Committee?

THIS INFORMATION IS VOLUNTARY

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> African American/Black
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Filipino	<input type="checkbox"/> Multi-racial/Multi-ethnic _____

Applicant Signature: _____ Date: _____

Return completed applications 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