

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

**APPLICATION FORM
MEASURE "BB" ADVISORY COMMITTEE APPLICATION**

Application deadline: February 10, 2012 (call Superintendent's Office for more information 310.450.8338 x70229)

TYPE OR PRINT IN BLACK INK

Name:			
Mailing Address (include City, State, ZIP):			Resident in District?
Home Phone:	Work Phone:	Fax Number:	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 Measure "BB" Advisory Committee meets approximately twice a month on the Monday before a Board of Education Meeting.

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"/> Expertise in <u>Technology</u>	Please Specify:	
<input type="checkbox"/> Expertise in <u>Construction</u>	Please Specify:	
<input type="checkbox"/> Expertise in <u>Safety</u>	Please Specify:	
<input type="checkbox"/> Expertise in <u>Curriculum and/or Fine Arts</u>	Please Specify:	
<input type="checkbox"/> Expertise in <u>Environmentally Conscious Construction</u>	Please Specify:	
<input type="checkbox"/> Expertise in Issues of <u>Cultural Relevance</u>	Please Specify:	

<input type="checkbox"/> Member of Community at Large	Please Specify:
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Please list specific abilities, experience, interest you would bring to the Measure “BB” Advisory Committee (please include community/business experience/occupation):

What would you hope to accomplish as a member of the Measure “BB” Advisory 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