

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

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

Application deadline: April 30, 2009 (call Superintendent's Office for more information 310.450.8338 x241)

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 will meet at least monthly at a place to be determined. **Attached are the charges of the committee.**

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 <u>Large</u>	Please Specify:	

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