

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

The District is seeking to fill this vacancy with qualified candidates who meet that criterion, in accordance with Section 5 of the Committee Bylaws.

Please select:  District No. 1 – Santa Monica (Measure SMS)      -or-

District No. 2 – Malibu (Measure M)

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

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, Measure ES, and Measure M and/or Measure SMS 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.

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

<input type="checkbox"/> <b>Expertise/experience in any of the following: finance, legal</b>	Please Specify:
<b>Please list specific abilities, experience, interest you would bring to the Prop 39 Bond Oversight Committee (please include community/business experience/occupation):</b>	
<b>What would you hope to accomplish as a member of the Prop 39 Bond Oversight Committee?</b>	
<b>THIS INFORMATION IS VOLUNTARY</b>	
<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  
 1717 4<sup>th</sup> Street  
 Santa Monica, CA 90401  
[boc@smmusd.org](mailto:boc@smmusd.org)

**THANK YOU FOR APPLYING**