

MOT Charter School
 Citizen Budget Oversight Committee
 Volunteer Member Application

Name _____

Address _____

Street Apt #

Town State/Zip
Code

Telephone Numbers Home _____ Cellular Telephone _____

District of Residence _____

Please check all that apply:

_____ I am an interested member of the community.

_____ I have children attending MOT Charter School.

_____ I am employed by MOT Charter School.

Education History (Please complete or attach a resume.)

School Name	City/State	Dates Attended	Diploma/Degree
High School			
College			
College			
College			

Employment History (Please complete or attach a resume.)

Present Employer	Job Title	Area of Responsibility	Start and End Dates
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Present Employer Job Title Area of Responsibility Start and End Dates

Please state the reason for which you are applying to serve on the Citizen Budget Oversight Committee

I hereby certify that the above statements are true and correct to the best of my knowledge.

Date _____ Signature _____