MERCED UNION HIGH SCHOOL DISTRICT APPLICATION FOR CITIZENS' OVERSIGHT COMMITTEE

(Please Print or Type)	
Name:	
Address:	
Home Phone:	Work Phone:
Fax #:	Email:
Why do you want to serve on	the Measure M Citizens' Oversight Committee?
C-16000	
Do you have any special area o	of expertise or experience that you think would be helpful to the committee?
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3 136.83.8	
X	
If you have served on other scl	nool district, city or community committees please list and briefly describe your role:

1 1	Business Departmentative Active in a hypiness appropriation appropriation level business		
	Business Representative – Active in a business organization representing local business. Organization:		
	Senior Citizen Group Representative – Active member in a senior citizens' organization.		
	Organization:		
	Taxpayer Organization Member – Active in a bona fide taxpayers' association.		
	Organization:		
	Parent or Guardian of Child Enrolled in District.		
	Child's Name and School:		
	Child's Name and School:		
	Parent or Guardian of Child Enrolled in District & Active in a Parent-Teacher Organization		
	Child's Name and School:		
	Child's Name and School:		
	Organization:		
Ple	At-Large Community Member – Resident of the Merced Union High School District. ease note any additional information you feel should be considered as part of your application		
Ple	ease note any additional information you feel should be considered as part of your application		(110)
Ple	ease note any additional information you feel should be considered as part of your application		NO
	ease note any additional information you feel should be considered as part of your application		(110)
1.	ease note any additional information you feel should be considered as part of your application	YES	NO
1.	ease note any additional information you feel should be considered as part of your application and the second state of the second points of the second point	YES	NO
1. 2. 3.	Are you an employee of the School District? * Are you a vendor, contractor, or consultant to the school district? * Do you have conflicts that would preclude you from attending quarterly meetings? *	YES	NO .
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1. 2. 3. 4.	Are you an employee of the School District? * Are you a vendor, contractor, or consultant to the school district? * Do you have conflicts that would preclude you from attending quarterly meetings? * Do you know any reason, such as a potential conflict of interest, which would adversely affect your ability to serve on the Citizens' Oversight Committee? *	YES	NC
1. 2. 3. 4.	Are you an employee of the School District? * Are you a vendor, contractor, or consultant to the school district? * Do you have conflicts that would preclude you from attending quarterly meetings? * Do you know any reason, such as a potential conflict of interest, which would adversely affect your ability to serve on the Citizens' Oversight Committee? *	YES	NO
1. 2. 3. 4. (*Er Ove	Are you an employee of the School District? * Are you a vendor, contractor, or consultant to the school district? * Do you have conflicts that would preclude you from attending quarterly meetings? * Do you know any reason, such as a potential conflict of interest, which would adversely affect your ability to serve on the Citizens' Oversight Committee? * Are you willing to comply with the ethics code included in the bylaws?	YES	NO

Completed applications must be received by the Superintendent's Office of the Merced Union High School District 3430 "A" Street, Atwater, CA 95301 or faxed to (209) 385-6442.

If you have any questions please call the Merced Union High School District at (209) 385-6413.

It is the policy of the Merced Union High School District not to unlawfully discriminate on the basis of sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, color, religion, marital status, age or mental or physical disability in the educational programs or activities which it operates.