



Board Member Application

Full Name: _____

Home Address: _____

Best Phone Number to Reach You: _____

Email Address: _____

Occupation: _____ Current Place of Employment: _____

Work Phone Number: _____

Please circle your answers:

Are you 18 years or older? Yes No

Are you a registered voter in the school district? Yes No

Have you ever been arrested for or convicted of a felony? Yes No

Do you have children of school age? Yes No

Do your children attend our schools? Yes No

Is any member of your immediate family an employee of Greeneview Local Schools ? Yes No

If yes, please provide his/her name and position. _____

Employment History (list most recent position first)

Dates of Employment	Position Held	Name of Organization

Please list any civic or professional organization memberships:

Education

Name of School	Major/Concentration	Degree	Dates of Attendance

References

Name	Address	Phone Number	Relationship

Please include a letter of interest with your application that addresses why you'd like to be a Board member and the value you would bring to the Greeneview Local Schools Board of Education. Please also answer the questions below. You may attach a separate sheet for additional space.

Explain your beliefs regarding the role of a school Board member. _____

Are there aspects of your education and/or experience that you feel would be especially helpful in this position? _____

Explain how you will provide leadership in this community as a member of the body responsible for the management of public schools in this district. _____

Signature of Applicant _____ Date _____