



Citizens' Oversight Committee Application Form

GENERAL INFORMATION:

Name: _____ Telephone: _____ Cell Number: _____

Home Address: _____

Street City Zip

E-Mail: _____

EMPLOYMENT INFORMATION:

Name of Employer: _____ Occupation: _____

Work Address: _____ Work Telephone: _____

Membership position(s) that applicant is qualified to fill.

The California Education Code requires that the Committee have at least one member representing each of the first five categories. Please specify to which category you belong, and check all that apply.

- Active in a business organization representing the business community
- Active in a senior citizens' organization
- Active member of a bona fide taxpayer organization
- Parent or guardian of a Twin Hills Union School District student
- Parent or guardian active in the Twin Hills Union School PTA/PTSA or school site council
- At-large community member

Please indicate if you have experience in the fields listed below and list any skills or knowledge in those areas.

- Construction
- Architectural Design
- Public Financing
- Contract Law
- Building Project/Program Management
- Other _____

Describe: _____

ADDITIONAL INFORMATION:

1. Have you been a member of any Twin Hills Union School District or school-based committee:

- Yes No

If so, which one, and in what capacity? _____

2. Are you an employee of the School District? (**NOTE:** Employees of the School District are prohibited by law from being members of the Citizens Oversight Committee.)

- Yes No

3. Have you ever been employed by the Twin Hills Union School District? Yes No

(OVER)

Twin Hills USD Citizens' Oversight Committee Application Form – side 2

4. Are you a vendor, contractor, or consultant to the School District? (**NOTE:** Vendors, contractors, and consultants of the School District are prohibited by law from being members of the Citizens Oversight Committee.) Yes No
5. Are you able to complete at least one term (two years) as a member of the Citizens Oversight Committee and refrain from becoming an employee, vendor, contractor, or consultant of the School District during such time period? Yes No
6. Members of the Citizens Oversight Committee will be required to file financial disclosure/conflict of interest statements pursuant to rules and forms established by the Fair Political Practices Commission. Are you willing to file such financial disclosure statement if appointed to the Citizens Oversight Committee? Yes No

List present or past membership in any community service, civic, or youth organization. Please also list participation in seminars, workshops, volunteer work, professional organizations, etc.

Please answer the following questions:

1. How long have you been a resident in Sonoma County? ____ Years
2. How long have you been a resident within the Twin Hills Union School District? ____ Years
3. Do you have any children or grandchildren who now attend (or have attended) Twin Hills Union School District schools? Yes No
4. Do you know of any reason, such as a potential conflict of interest, which would adversely affect your ability to serve on the Citizens' Oversight Committee? Yes No
5. List references that have knowledge of your character, experience, and abilities. Do not include names of relatives. (You may attach letters of reference from those listed if you wish.). Please provide Name/Address/Phone/Business/Occupation for each reference:

6. Explain why you would like to be appointed to this Committee:

(You may provide additional answers to the above question on separate sheets of paper.)

CERTIFICATE OF APPLICANT:

All answers and statements in this document are true and complete to the best of my knowledge and belief.

Signature

Date

**PLEASE RETURN COMPLETED APPLICATION TO DR. ANNA GUZMAN:
700 Watertrough Rd, Sebastopol, CA 95472 (707)823-6278 phone (707)823-5832 fax**