Measure R - November 5, 2024 Election
Citizens' Oversight Committee Application

Name: _____

Email address: _____

Phone number: _____

Physical address: _____

Membership category (Check all that could apply):

☐ Active in a business organization representing the business community located within the school district

☐ Active in a senior citizens' organization (no requirement for historical activity, okay to commit for the future)

☐ Active in a bona fide taxpayers' organization (no requirement for historical activity, okay to commit for the future)

☐ Parent or guardian of a child enrolled in the school district

☐ Parent or guardian of child enrolled in the school district and active in a parent-teacher organization or school site council

Anything else you'd like to share about your interest in volunteering for the Measure R Citizens' Oversight Committee (not required):