WINTON WOODS CITY SCHOOLS
825 Waycross Road, Suite A
Cincinnati, Ohio 45240

APPLICATION FOR MEMBER OF BOARD OF EDUCATION

Name (First, Middle, Last): _____

Street Address: _____

City/State/Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Occupation: _____

Current Place of Employment: _____

Employment History: (List most recent position first)

Dates	Position	Organization

Education:

School Name	Major Course	Dates	Degree

Civic or Professional Organization Memberships:

References:

Name	Address	Phone Number

Are you 18 years or older? ____Yes ____No
Are you a registered voter in the school district? ____Yes ____No
Do you reside within the Winton Woods City 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 Attending our District? ____Yes ____No
Is any member of your immediate family an employee of the District? ____Yes ____No
If yes, whom? _____(name) _____(position)

Why are you interested in this position?

What qualities and characteristics do you possess that would make you an asset to the Board?

_____ _____

Signature of Applicant Date