



APPLICATION FOR MEMBER BOARD OF EDUCATION

School District

Name (First, Middle, Last): _____

Address: _____

City/State/Zip Code: _____

Home 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

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 the school system? ☐ Yes ☐ No

If yes, whom? _____ (name) _____ (position)

Signature of Applicant

Date



Applicant Name _____

1. Why do you desire to be a member of the Van Wert City Schools Board of Education?
2. What experiences have you had that qualify you to become a member of the Van Wert City Schools Board of Education?
3. What are the two most important tasks that, in your opinion, are carried out in a public school?
 - a. What do you believe our district should be accomplishing?
4. What other information do you believe will be of assistance to the current Board of Education in arriving at a true indication of your qualifications?
5. What do you see as the basic purpose of the public schools? What is the role of the school board in the fulfillment of that purpose?