



Santa Ana Unified School District

Measure I Bond Oversight Committee Application

Name:

_____ (First) _____ (Middle) _____ (Last)

Address:

_____ (Residence) _____ (Mailing)

Telephone Numbers:

E-mail:

_____ (Residence) _____ (Business) _____

Employer:

_____ (Name) _____ (Address)

Current Occupation:

Length of residency in Santa Ana:

Eligibility: (Please check the appropriate box that applies to your application)

- Parent of SAUSD Student: Child enrolled at _____ Grade: _____
- Parent of SAUSD Student: Active in School PTA at _____
Active in School Site Council at _____
- Representative of the senior citizen community
Name of senior organization: _____
- Representative of the business community within the District
Name of business organization: _____
- Representative of a taxpayer's organization
Name of taxpayer's organization: _____
- General member

Confirmation of above eligibility membership can be verified by contacting:

_____ Name _____ Position _____ Daytime phone _____

Facilities, construction, or finance experience:

Organization	From (date)	To (date)	Positions held

Education:

School	Course of study	Graduation date/degree

Additional pertinent courses or training:

Other pertinent skills, experience or interests:

Please furnish brief, written responses to the questions below using additional sheets, if necessary.

1. Why do you think you should be appointed? What is there specifically in your background, training education and interests that qualify you as a candidate?

2. What do you see as the objective and goals of the oversight committee you are applying for?

3. How would you help achieve the objectives and goals?

4. Do you have any reservations about the Bond Oversight Committee?

Describe in detail your involvement in the organization you cite as qualifying you for committee membership.

You may add any additional information.

Are you willing to be interviewed by the Board of Education?

Yes No

5. Please provide the names, addresses and telephone numbers of three personal references (other than family members, district employees and board members).

Name:	Address:	Telephone:
Name:	Address:	Telephone:
Name:	Address:	Telephone:

My signature below certifies that I am currently a resident of Santa Ana Unified School District.

Name (printed)

Signature

Date

Please submit your application no later than 4:30 p.m. on February 25, 2019

To the Communications Office

Santa Ana Unified School District

1601 E. Chestnut Avenue, Santa Ana, CA 92701