## Application Form

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Application:</td>
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<tr>
<td>Mailing Address:</td>
</tr>
<tr>
<td>Phone Number(s):</td>
</tr>
<tr>
<td>Fax Number:</td>
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<tr>
<td>E-mail address:</td>
</tr>
</tbody>
</table>

### Section 1: Select the public interest category in which you are active and wish to represent:

- [ ] Business organization representing the business community located within the district
- [ ] Senior citizens’ organization
- [ ] Bona fide taxpayers’ organization
- [ ] Parent or guardian of student currently enrolled in the District
- [ ] Parent-teacher organization such as Parent Teacher Association or schoolsite council (must also be a parent or guardian of student currently enrolled in the District)
- [ ] Member of the community at-large
- [ ] I have reviewed and can function under the Bylaws for the Citizens’ Bond Oversight Committee adopted by the District Board of Trustees.
Name: ____________________________

Section 2: Please complete the following:

Statement of reason for serving on the Citizens’ Bond Oversight Committee:

Statement of expected contributions, if appointed:

Statement of qualifications/related experience:
Section 3: References

Professional References:

1. Name: ____________________________
   Position: ____________________________
   Address: ____________________________
   Phone Number(s): ____________________

2. Name: ____________________________
   Position: ____________________________
   Address: ____________________________
   Phone Number(s): ____________________

3. Name: ____________________________
   Position: ____________________________
   Address: ____________________________
   Phone Number(s): ____________________