

HEMET UNIFIED SCHOOL DISTRICT
Application for Appointment to the Citizens' Oversight Committee
For Expenditure of Measure T Bond Funds

GENERAL INFORMATION:

Name: _____

Home Address: _____
(street, city, zip)

Telephone # (home): _____

REGISTERED VOTER IN THE HEMET UNIFIED SCHOOL DISTRICT:

Please check (✓) one ____ Yes ____ No

QUALIFICATIONS:

Describe your skills, training, and experience in finance, facilities, and/or construction. (You may attach an additional page, if needed.) _____

EMPLOYMENT INFORMATION:

Name of Employer: _____

Work Address: _____
(street, city, zip)

Telephone # (work): _____

EDUCATIONAL BACKGROUND:

High School Graduate: _____

College and/or University: _____

Degree/Major: _____

Vocational and/or other institutions: _____

Certificate/Technical Training: _____

ADDITIONAL INFORMATION:

Have you been a member of any district or school-based committee? If so, in what capacity? _____

Have you ever been employed by the Hemet Unified School District? _____

List present or past memberships in any community service, civic or youth organization.

List participation in seminars, workshops, volunteer work, professional organizations, etc.

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PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. How long have you been a resident in the Hemet Unified School District?
Years _____ Months _____
2. Do you have, or have you had, children or grandchildren in the Hemet Unified School District?
Yes _____ No _____
3. **For which Category(s) do you qualify?** (Indicate on Page 3 and circle) I II III IV V
Describe Qualification: _____

4. Do you know of any reason such as a conflict of interest which would adversely affect your ability to serve on the Citizens' Oversight Committee?

5. Explain why you would like to be appointed to this committee. (You may attach additional pages, if needed.)

PERSONAL REFERENCES:

List references who have knowledge of your character, experience and abilities. Do not include names of relatives or present employer. (You may attach letters of reference from those listed, if you wish.)

	<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Business/Occupation</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

CERTIFICATION OF APPLICANT:

All answers and statements in this document are true and complete to the best of my knowledge and belief.

Signature

Date

Completed application is to be submitted to the Superintendent's Office (Attention: Karen Ashman), Hemet Unified School District, 1791 W. Acacia Ave., Hemet, CA 92545. Should you have any questions, please call (951) 765-5100, ext. 1001 or 1002.

HEMET UNIFIED SCHOOL DISTRICT

MEASURE T CITIZENS' OVERSIGHT COMMITTEE

CATEGORY REPRESENTATION

NAME _____

In order to more accurately show the qualifications of our committee members, please indicate any categories for which you qualify. Thank you for your assistance.

CATEGORY	YES	NO
I. Active in a business organization representing the business community located within the District		
I. Active in a senior citizens' organization		
III. Active in a bona fide taxpayer association		
IV. Parent or guardian of a child enrolled in the District		
V. Both a parent or guardian of a child enrolled in the District and active in a parent-teacher organization, such as the Parent Teacher Association or School Site Council		