



# School District Citizen Budget Oversight Committee Volunteer Member Application

## Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## Membership Representation

Please check all that apply:

- I am a resident of the school district.
- I am the parent of a student(s) attending the school district.
- I am an employee of the school district.

## Statement of Interest

Please state your reason(s) for applying to serve on the Citizen Budget Oversight Committee:

## Education History

School Name	City/State	Dates Attended	Diploma/Degree

## Employment History

Employer	Job Title	Area of Responsibility	Start & End Dates

## Conflict of Interest Disclosure

Applicants are required to disclose any actual or potential conflicts of interests that would arise due to their appointment to the Citizen Budget Oversight Committee.

- I have no conflict of interest to report.
- I have the following conflict of interest to report (please specify):

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I also understand that my initial appointment shall be for a term length of two (2) years with option to extend to no more than three (3) additional terms based on the majority vote of the existing members of the Committee; however, I may terminate my position upon written notice to the Committee Chairperson.

Name (printed)	
Signature	
Date	