



526 B Street ♦ Davis, CA 95616 ♦ (530) 757-5300 ♦ FAX: (530) 757-5323 ♦ www.djUSD.net

DAVIS JOINT UNIFIED SCHOOL DISTRICT
CITIZENS' BOND OVERSIGHT COMMITTEE
(MEASURE M)

Application for Appointment

Applicants to the Measure M Citizens' Bond Oversight Committee ("CBOC") must complete this form and submit it to the office of the Chief Business and Operations Officer of **Davis Joint Unified School District** by **January 11, 2019**. The District's Board of Education will review applications and use the information provided in the selection process.

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Fax: _____ E-Mail: _____

Occupation: _____

Category for which I am an Applicant: (please check)

<input type="checkbox"/>	Taxpayers Organization Member
<input type="checkbox"/>	Business Organization Member
<input type="checkbox"/>	Senior Citizens' Organization Member

<input type="checkbox"/>	At Large Member
<input type="checkbox"/>	Parent or Guardian Member
<input type="checkbox"/>	Parent or Guardian/PTA Members

Please note whether you have a preference for a 1-Year or 2-Year Initial Term _____

Please provide the following information about yourself:

Education Record (High School/University):

INSTITUTION	DATES OF ATTENDANCE	DIPLOMA/DEGREE

December 11, 2018

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Employment History:

POSITION	FIRM OR EMPLOYER	LOCATION	DATES

Educational, Charitable and Civic Organizations:

NAME OF ORGANIZATION	POSITION HELD	DATES

Personal References: (Please give three references other than relatives)

NAME	ADDRESS	TELEPHONE

Experience/Expertise: Please provide any background experience which would prove useful to you as a member of the Committee.

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Describe what you feel you could contribute to the Committee:

What do you feel are the most important issues to be addressed by the Committee?:

Please add any comments that you feel would assist the Board of Education in the evaluation of your application:

Have you or a family member ever been an employee, contractor or vendor of the District?
If yes, please explain:

Date: _____ Signature of Applicant: _____

Return completed application to the office of the Chief Business and Operations Officer of Davis Joint Unified School District, by **January 11, 2019**.
526 B Street, Davis, California 95616