Calistoga Joint Unified School District 1520 Lake Street, Calistoga, CA 94515 (707) 942-4703 phone (707) 942-6589 fax

Measure "A" Citizens Oversight Committee Application Form

| Name:_ | | Telephone: | Fax Number: | |
|-----------|---|--|-------------------------------|-------------------------|
| Home A | ddress: | | | |
| E-Mail: | | Street | City | Zip |
| EMPLO | OYMENT INFORMA | ΓΙΟN: | | |
| Name of | Employer: | | Occupation: | |
| Work A | ddress: | w | ork Telephone: | |
| Membe | rship position(s) that a | applicant is qualified to fill | • | |
| | | requires that the Committee | | |
| | Active in a senior cit Active member of a Parent or guardian of | oona fide taxpayer organiza a Calistoga Jt. Unified Sch ctive in the Calistoga Jt. Uni | tion ool District student | TSA or school site |
| Please in | Construction Architectural Design Public Financing Contract Law Program Managemen Other | | elow and list any skills or k | nowledge in those areas |
| ADDIT | IONAL INFORMATI | ON: | | |
| 1. | Have you been a men | mber of any Calistoga Jt. Ui | nified School District or sch | nool-based committee? |

| 1. | □ Yes □ No |
|----|---|
| | If so, which one, and in what capacity? |
| 2. | Are you an employee of the School District? (NOTE: Employees of the School District are prohibited by law from being members of the Citizens Oversight Committee.) \square Yes \square No |

Have you ever been employed by the Calistoga Jt. Unified School District? ☐ Yes ☐ No

3.

| Signatu | Date Date |
|----------|---|
| All answ | vers and statements in this document are true and complete to the best of my knowledge and belief. |
| CERTI | FICATE OF APPLICANT: |
| (You ma | ay provide additional answers to the above question on separate sheets of paper.) |
| 5. | Explain why you would like to be appointed to this Committee. |
| 4. | List references that have knowledge of your character, experience, and abilities. Do not include names of relatives. (You may attach letters of reference from those listed if you wish.). Please provide Name/Address/Phone/Business/Occupation for each reference: |
| 3. | Do you know of any reason, such as a potential conflict of interest, which would adversely affect your ability to serve on the Citizens' Oversight Committee? \Box Yes \Box No |
| 2. | Do you have any children or grandchildren who now attend (or have attended) Calistoga Jt. Unified School District schools? □Yes □ No |
| 1. | How long have you been a resident within the Calistoga Jt. Unified School District?Years |
| | answer the following questions: |
| | |
| | sent or past membership in any community service, civic, or youth organization. Please also list ation in seminars, workshops, volunteer work, professional organizations, etc. |
| 6. | Members of the Citizens Oversight Committee will be required to file financial disclosure/conflict of interest statements pursuant to rules and forms established by the Fair Political Practices Commission. Are you willing to file such financial disclosure statement if appointed to the Citizen Oversight Committee? ☐ Yes ☐ No |
| 5. | Are you able to complete at least one term (two years) as a member of the Citizens Oversight Committee and refrain from becoming an employee, vendor, contractor, or consultant of the Schoo District during such time period? Yes No |
| 4. | Are you a vendor, contractor, or consultant to the School District? (NOTE: Vendors, contractors, and consultants of the School District are prohibited by law from being members of the Citizens Oversight Committee.) \Box Yes \Box No |