



Citizens Oversight Committee Application Form

GENERAL INFORMATION:

Name: _____ Telephone: _____

Home Address: _____
Street City Zip

EMPLOYMENT INFORMATION:

Name of Employer: _____ Occupation: _____

Work Address: _____ Work Telephone: _____

Membership position(s) that applicant is qualified to fill.

The California Education Code requires that the Committee have at least one member representing each of the first five categories. Please specify to which category you belong and check all that apply.

- Active in a business organization representing the business community.
- Active in a senior citizens' organization
- Active member of a bona fide taxpayer organization
- Parent or guardian of a Piner-Olivet Union School District student
- Parent or guardian active in the Piner-Olivet Union School District PTA/PTSA or school site council
- At-large community member

Please indicate if you have experience in the fields listed below and list any skills or knowledge in those areas.

- Construction
- Architectural Design
- Public Financing
- Contract Law
- Building Project/Program Management
- Other

Describe:

ADDITIONAL INFORMATION:

1. Have you been a member of any Piner-Olivet Union School District or school-based committee:

- 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.) Yes No

3. Have you ever been employed by the Piner-Olivet Union School District? 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.) 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 School District during such time period? Yes No
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 Citizens Oversight Committee? Yes No

List present or past membership in any community service, civic, or youth organization. Please also list participation in seminars, workshops, volunteer work, professional organization, etc.

Please answer the following questions:

1. How long have you been a resident within the Piner-Olivet School District? ___ Years
2. Do you have any children or grandchildren who now attend (or have attended) Piner -Olivet Union School District schools? Yes No
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? Yes No
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:

5. Explain why you would like to be appointed to this Committee.

(You may provide additional answers to the above questions on separate sheet of paper.)

CERTIFICATE OF APPLICANT:

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

Signature

Date

PLEASE RETURN COMPLETED APPLICATION TO STEVE CHARBONNEAU, SUPERINTENDENT
 3450 Coffey Lane, Santa Rosa, CA 95403-1101
 (707) 522-3000 phone (707)-522-3007 fax