

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:

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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	