

APPLICATION FOR APPOINTMENT TO A SPECIAL DISTRICT VACANCY

Instructions

If you are interested in serving on a special district Board of Education, please complete this application and return it to: _____

Date Due: _____

You will be advised by the district board if your appointment is confirmed. Thank you for your interest.

.....

DISTRICT: _____ DATE: _____

NAME: _____ AGE (optional): _____

RESIDENCE ADDRESS: _____

BUSINESS OR MAILING ADDRESS: _____

PHONE (DAYTIME): _____ PHONE (EVENING): _____

E-MAIL: _____

EDUCATION			
Institution	Major	Degree	Year

WORK / VOLUNTEER EXPERIENCE				
Organization	City	Position	From	To

Please attach a brief explanation explaining why you would like to serve on the Board of Education.