



BEAUMONT UNIFIED SCHOOL DISTRICT

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Office of Innovation

APPLICATION FOR APPOINTMENT TO THE MEASURE Z CITIZENS' OVERSIGHT COMMITTEE *POTENTIAL MEMBER AGREES TO ATTEND ALL SCHEDULED MEETINGS*

General Information

Name: _____

Home Address: _____

Telephone: _____ Telephone (cell): _____

E-Mail Address: _____

Employment Information

Employer Name: _____

Employer Address: _____

Telephone: _____ E-Mail Address: _____

Educational Background

High School: _____ Diploma: Yes No

College/University: _____

Degree/Major: _____

Vocational/Other: _____

Additional Information

Have you been a member of any District or school-based committee? Yes No

If so, in what capacity? _____

Please list present or past membership(s) in any community service, civic or youth organizations.

List participation in seminars, workshops, volunteer work, professional organizations, etc.

Qualifications: Describe your skills, training, and experience in finance, facilities, and/or construction.

You may attach an additional page, if needed.

Please answer the following questions:

1. How long have you been a resident in the Beaumont Unified School District?

_____ Years _____ Months

2. Do you have or have you had children or grandchildren in the Beaumont Unified School District?

Yes No If yes, please explain below:

3. Do you know of any reason such as a conflict of interest, which would adversely affect your Ability to serve on the Citizen's Oversight Committee? Yes No

If yes, please explain below.

4. Explain why you would like to be appointed to this committee. (You may attach additional pages, if needed.)

The Oversight Committee must consist of seven members within specific categories as outlined in the Citizen's Oversight Committee Policy.

Perspective applicant must qualify as a member marked & identified in bold below.

- Member who is active in a business organization representing the business community located within the District
- Member who is active in a senior citizen's organization
- Member who is active in a bona fide taxpayer association
- Member who is the parent or guardian of a child enrolled in the District
- Member who is both the parent or guardian of a child enrolled in the District and active in a parent-teacher organization (such as PTA or School Site Council)
- Member at large – which falls within one or more of the previously mentioned qualified positions

Personal References

List references that have knowledge of your character, experience, and abilities. Do not include names of relatives or your present employer. (You may attach letters of reference from those listed, if you wish.)

Name Address Telephone Business/Occupation

	Name	Address	Telephone	Business/Occupation
1.				
2.				
3.				

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

Signature

Date