



ABC UNIFIED SCHOOL DISTRICT APPLICATION FOR BOARD COMMITTEE APPOINTMENT

BOARD COMMITTEE APPLYING FOR: _____

Name: _____
Last First MI

Address: _____
City State Zip

Telephone: _____
Day Evening Fax

Email Address: _____

Date of Birth: _____ Length of Residence in ABCUSD: _____

Occupation: _____ Employer: _____

Business Address: _____

Educational background that could be beneficial to this board committee:

LIST COMMUNITY INTERESTS AND ACTIVITIES

Organization:	Activity:
_____	_____
_____	_____
_____	_____

I understand that I will be required to attend regular meetings of the committees and that members are expected not to miss more than three (3) consecutive regularly scheduled meetings.

SIGNATURE: _____

DATE: _____

Return to Superintendent's Office, 16700 Norwalk Blvd, Cerritos, CA 90703

Note: Application will be retained for a period of two years only.