

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.

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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.