

**Campbell Union School District
Application Form
Citizens' Bond & Parcel Tax Oversight Committee**

Name: _____

Address: _____

Telephone: _____ Email: _____

Please indicate organizational representation (if applicable); you may belong to more than one (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Business organization that represents the business community located within the District | <input type="checkbox"/> Parent/guardian of a child enrolled in the District |
| <input type="checkbox"/> Senior citizens' organization | <input type="checkbox"/> A parent/guardian of a child enrolled in the District and is active in a parent-teacher organization, such as the PTA or school site council |
| <input type="checkbox"/> Bona fide taxpayers' organization | <input type="checkbox"/> Live within the District boundaries |

Please state why you would like to serve on the Oversight Committee:

Please list relevant experience to service as a member of the Oversight Committee (may include public or private experience):

Do or did you have children in the District? Yes No

The Oversight Committee meets several times a year based on a committee approved schedule. Are you able to commit to regular attendance? Yes No

What time frames are you available to meet? Mornings Afternoons Evenings

Are you currently employed? Yes No

If yes, please state occupation: _____

**Please submit this application form to:
Campbell Union School District
155 North Third Street, Campbell, CA 95008
(408) 364-4200 ext. 6215**