

NOVATO UNIFIED SCHOOL DISTRICT

**CITIZENS' PARCEL TAX OVERSIGHT COMMITTEE APPLICATION**

Applicants must complete this form and submit it to the office of the Novato Unified School Assistant Superintendent, Business Services. *ATTN: Ashley Albertson.*

The District's Board of Trustees will review applications and use the information provided in the selection process.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Please check all categories that apply to you:

	Senior Citizen (55 or older)
	Business Organization Member
	Local Real Estate Organization Member

	Community At-Large Member
	Active Member of North Marin Council PTA
	Parent/Guardian of Currently Enrolled NUSD Student

Please provide the following information about yourself:

Education Record (High School/University):

INSTITUTION	DATES OF ATTENDANCE	DIPLOMA/DEGREE

Employment History:

POSITION	FIRM OR EMPLOYER	LOCATION	DATES

Educational, Charitable and Civic Organizations:

NAME OF ORGANIZATION	POSITION HELD	DATES

Personal References: (Please give three references other than relatives)

NAME	ADDRESS	TELEPHONE

Experience/Expertise: Please provide any background experience which would prove useful to you as a member of the Citizen's Parcel Tax Oversight Committee.

---



---



---



---



---



---



---



---

Describe what you feel you could contribute to the Citizens' Parcel Tax Oversight Committee:

---

---

---

---

---

---

---

---

---

---

What do you feel are the most important issues to be addressed by the Committee?:

---

---

---

---

---

---

---

---

---

---

Please add any comments that you feel would assist the Board of Trustees in the evaluation of your application:

---

---

---

---

---

---

---

---

---

---

Have you or a family member ever been an employee, contractor or vendor of the District? If yes, please explain:

---

---

---

---

---

---

---

---

---

---

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Return completed application to the office of the Assistant Superintendent, Business Services  
1015 Seventh Avenue, Novato CA 94945. *ATTN: Ashley Albertson*