## NOVATO UNIFIED SCHOOL DISTRICT INDEPENDENT CITIZENS' OVERSIGHT COMMITTEE Application for Appointment

Applicants must complete this form and submit it to the office of the Chief Financial Officer of the Novato Unified School District

1015 Seventh Street, Novato, CA 94945

	e District's Board of Trustees will review the sele me:	ction pr		tion provided in		
	dress:					
Home Phone:		Work Phone:				
Fax:		E-Mail:				
Occ	cupation:					
Cat	egory for which I am an Applicant: (plea	se che	ck)			
	Taxpayers Organization Member		At-Large Member			
	Business Organization Member		Parent or Guardian Member			
	Senior Citizens' Organization Member		Parent or Guardian/PTA Members			
	ase note whether you have a preference ase provide the following information about					
<u>Edu</u>	ucation Record (High School/University):					
	Institution		Dates of Attendance	DIPLOMA/DEGREE		

Employment History	ory:
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Employment History:						
Position	FIRM OR EMPLOYER		LOCATIO	LOCATION		
Educational, Charitable	and Civic Organ	<u>lizations</u> :				
Name of Organi	IZATION	Position Held		DATES		
Personal References: (	Please give thre	e references other	r than relatives)			
Name	Name Addres		RESS		TELEPHONE	
Experience/Expertise: Ito you as a member of	Please provide a	ny background ex	perience which which which which	would pro	ve useful	

Describe what you feel you could contribute to the Independent Citizens' 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 Chief Financial Officer Novato Unified School District, 1015 Seventh Street, Novato CA 94945