

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

Applicants must complete this form and submit it to the office of the Novato Unified School Assistant Superintendent, Business Services

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

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

Category for which I am an Applicant: (please check)

	Taxpayers Organization Member
	Business Organization Member
	Senior Citizens' Organization Member

	At-Large Member
	Parent or Guardian Member
	Parent or Guardian/PTA Members

Please note whether you have a preference for a 1-Year or 2-Year Term \_\_\_\_\_

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 Independent Citizen's Oversight Committee.

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

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

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

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

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

Return completed application to the office of the Assistant Superintendent, Business Services  
1015 Seventh Avenue, Novato CA 94945