SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOND OVERSIGHT COMMITTEE MEMBERSHIP APPLICATION

NAME:			
(First)	(Middle)	(Last)	
L (≁Nod dress		(Occupation)	
ELIGIBILI	YPlease check the appropriate box that applies to your a	application)	
	Member active in the local business community	/ - Name of business:	_
	Member active in a senior citizens' organization	onameof organization:	
	Member active in a bonade taxpayers'associate	ion – Nameof association:	
	Member whois a parent/guardian of achild enro	lled inthe District-School:	
	Member whois a parent/guardian of a child enroparent/te acher organization such as the pareterm School:		
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_	Du Œš]À]v }uuµv]šÇr	• }CEP K∕QÈPŠ]N}MÌznš. pBjzvnbNzz}z zzzzzz	ZZZ
Confirmati	on of above digibility membership can be ve	erified by contacting:	
Name:	Position:	Phone:	

FACILITIES, CONSTRUCTION OR FINANCE EXPERIENCES:							
From: (Date)	To: (Date)	Position Held					

2. What contributions would you bring to the Bond Oversight Committee?				
3. Describe in detail your involvement in the organization(s) you cite under the eligibility section of this application as qualifying you for committee membership?				
4. Additional information (optional):				
My signature below certifies that I am currently a resident in the Sacramento City Unified School District.				
(Print Name) (Signature)				
(0.9)				
PLEAS SUBMIT YOUR PRLICATION TO THE OPERATION SUSPPORTES RVICES CIENTE SACRAMENTO CIUMIFIED SCHOOL DISTRICT EMAIL: ZK zErDhd ,> Z@SCUSD.EDU				