

**ALVORD UNIFIED SCHOOL DISTRICT
Citizens' Oversight Committee**

Citizens' Oversight Committee Membership:

California law requires certain persons to be represented on the Citizens' Oversight Committee ("Committee"). Please indicate all Committee designation(s) for which you are qualified:

Business Representative
Company Name _____

Active Member of Senior Citizen Group
Group Name _____

Member of Taxpayer Organization
Organization Name _____

Parent of a School District Student
Student/School Name _____

At-Large Community Member

Active PTO/PTA Site Council, School District
Name of PTO/PTA/Site Council _____

* If possible, please provide a contact person and phone number of the organization in which you are active.

Please Note – Alvord Unified School District (School District) may contact these organizations to verify your participation.

General Information (please print):

Name: _____

Home Address: _____

Home Telephone: _____ E-mail: _____

Employer Information:

Name of Employer: _____

Work Address: _____

Work Telephone: _____ E-mail: _____

Educational Background (response optional; you may attach a resume or additional pages if needed):

College and/or University: _____

Degree/Major: _____

Vocational and/or Other Institutions: _____

Certificate/Technical Training: _____

Additional Information:

1. Have you been a member of any School District committees or organizations?

Yes No If so, what capacity:

2. Are you or have you or a member of your immediate family ever been employed by the School District?

Yes No If yes, please explain:

3. List present or past membership in any community service (e.g. volunteer, civic or youth) organizations:

4. List participation in professional seminars, workshops or organizations:

Qualifications:

1. Describe your skills, training, and expertise in the areas of finance, facilities and/or construction (you may attach an additional page or resume if needed):

Please answer the following questions:

1. How long have you been a resident within the Alvord Unified School District?

_____ Years _____ Months

2. Do you have any children or grandchildren who now attend (or have attended) School District schools?

Yes No

Which schools and comments:

3. Do you know of any reason such as a potential conflict of interest which would adversely affect your ability to serve on the Citizens' Oversight Committee for Proposition H?

Yes No If yes, please explain:

Note: If appointed to the Committee, you may be required to complete a Statement of Economic Interests, Form 700 which you may view at <http://www.fppc.ca.gov/forms/700-10-11/Form700-10-11.pdf>

4. Explain why you would like to be appointed to this Committee (you may attach additional pages if needed):

5. Are you a vendor, contractor or consultant of or to the Alvord Unified School District?

Yes No If yes, please explain:

6. Are you available to attend Committee meetings on weeknights?

Yes No If no, please explain:

Certificate of Applicant:

All answers and statements provided in this document are true and complete to the best of my knowledge and belief.

Signature: _____ **Date:** _____

Completed, signed applications must be received by the Business Services' Office of the Alvord Unified School at 10365 Keller Avenue, Riverside, CA 92505 or faxed to (951) 351-6646 **no later than January 31, 2012 at 4:30 p.m.** Applications received after that date and time may not be considered. Please be aware that the completed Citizens' Oversight Committee applications are public records which are available for public review. Where possible, the School District may redact personal contact information (address, phone number, e-mail address, etc.) but the School District assumes no liability to applicants in the event such information is released.

If you have any questions, please contact Tamara Torres, Administrative Assistant to the Assistant Superintendent of Business Services at (951) 509-5095.