

REDWOOD CITY SCHOOL DISTRICT  
CITIZENS' OVERSIGHT COMMITTEE  
 Application for Appointment

Applicants must complete this form and submit it to the office of the Redwood City School District Superintendent by **January 15, 2016**.

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

Committee terms will be either 2- or 3- year terms so that the terms will be staggered over the life of the Committee.

I am interested in serving a:

	2-year term
	3-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 Citizens' Oversight Committee.

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Describe what you feel you could contribute to the 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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Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Return completed application to the office of the Superintendent by **January 15, 2016.**  
750 Bradford Street, Redwood City, CA 94063