

Measure D Citizens Bond Oversight Committee Application Form

Please type or print legibly.

Name _____

Email _____

Home Telephone _____ Cell Number _____

Home Address:

Street _____ City & Zip _____

Committee Membership position(s) you are qualified to fill.

The California Education Code requires that the Committee have at least one member representing each of the first five categories. Please specify to which category you belong, and check all that apply.

- Active in a business organization representing the business community
- Active in a senior citizens organization
- Active member of a bona fide taxpayer organization
- Parent or guardian of an Oxnard School District student
- Parent or guardian active in the Oxnard PTA/PTSA or school site council
- At-large community member

ADDITIONAL INFORMATION

Are you an employee of the School District? YES NO

(NOTE: Employees of the School District are prohibited by law from being members of the Citizens Oversight Committee.)

Are you a vendor, contractor, or consultant to the School District? YES NO

(NOTE: Vendors, contractors and consultants of the School District are prohibited by law from being members of the Citizens Oversight Committee.)

Are you able to complete at least one term (three years) as a member of the Citizens Oversight Committee and refrain from becoming an employee, vendor, contractor or consultant of the School District during such time period? YES NO

Members of the Citizens Oversight Committee will be required to file financial disclosure/conflict of interest statements pursuant to rules and forms established by the Fair Political Practices Commission. Are you willing to file such financial disclosure statement if appointed to the Citizens Oversight Committee? YES NO

How long have you been a resident within the Oxnard School District? ____Years

Do you have any children or grandchildren who now attend (or have attended) Oxnard School District schools? YES NO

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? YES NO

CERTIFICATE OF APPLICANT

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

Signature _____ Date _____