

# SONOMA COUNTY COMMUNITY COLLEGE DISTRICT

# APPLICATION FOR CITIZENS’ BOND OVERSIGHT COMMITTEE

*(Please Print or Type)*

Name:

Address:

E-Mail:

Home Phone: Work Phone:

**Why do you want to serve on the Measure H Citizens’ Bond Oversight Committee?**

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**Do you have any special area of expertise or experience that you think would be helpful to the committee?**

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**If you have served on other school district, city or community committees please list and briefly describe your role:**

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**I would be able to represent the following constituencies in the District:** *(check all that apply)*

✓ **At-Large Community Members** – *Residents of the Sonoma County Community College District.*

 *Name*:

**Please note any additional information you feel should be considered as part of your application:**

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|  | **YES** | **NO** |
| 1. Are you an employee of the District?\* |  |  |
| 2. Are you a vendor, contractor, or consultant to the school district?\* |  |  |
| 3. Do you have conflicts that would preclude your attending quarterly meetings? |  |  |
| 4. Do you know of any reason, such as a potential conflict of interest, which would adversely affect your ability to serve on the Citizens’ Bond Oversight Committee?\* |  |  |
| 5. Are you willing to comply with the ethics code included in the bylaws? |  |  |

(\*Employees, vendors, contractors, and consultants of Sonoma County Community College District are prohibited by law from being members of the Citizens’ Bond Oversight Committee. Employment which could result in becoming a contractor or subcontractor to the district would also be a potential conflict.)

**Signature of Applicant**

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

Signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is the policy of Sonoma County Community College District not to unlawfully discriminate on the basis of sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, color, religion, marital status, age or mental or physical disability in the educational programs or activities which it operates.