



Calistoga Joint Unified School District
1520 Lake Street, Calistoga, CA 94515
(707) 942-4703 phone (707) 942-6589 fax

Measure "A" Citizens Oversight Committee Application Form

GENERAL INFORMATION:

Name: _____ Telephone: _____ Fax Number: _____

Home Address: _____

Street City Zip

E-Mail: _____

EMPLOYMENT INFORMATION:

Name of Employer: _____ Occupation: _____

Work Address: _____ Work Telephone: _____

Membership position(s) that applicant is 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 a Calistoga Jt. Unified School District student
- Parent or guardian active in the Calistoga Jt. Unified School District PTA/PTSA or school site council
- At-large community member

Please indicate if you have experience in the fields listed below and list any skills or knowledge in those areas.

- Construction
- Architectural Design
- Public Financing
- Contract Law
- Program Management /Building Project
- Other _____

Describe:

ADDITIONAL INFORMATION:

1. Have you been a member of any Calistoga Jt. Unified School District or school-based committee?
 Yes No

If so, which one, and in what capacity? _____

2. Are you an employee of the School District? (**NOTE:** Employees of the School District are prohibited by law from being members of the Citizens Oversight Committee.) Yes No
3. Have you ever been employed by the Calistoga Jt. Unified School District? Yes No

