



**PACIFICA SCHOOL DISTRICT APPLICATION FOR INDEPENDENT CITIZENS'
OVERSIGHT COMMITTEE**

(Please Print or Type)

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

FAX #: _____ E-Mail: _____

WHY DO YOU WANT TO SERVE ON THE MEASURE O INDEPENDENT CITIZENS' OVERSIGHT COMMITTEE?

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

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



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

Business Representative - Active in a business organization representing local business

Organization: _____

Senior Citizen Group Representative - Active member in a senior citizens' organization.

Organization: _____

Taxpayer Organization Member - Active in a bona fide taxpayers' association.

Organization: _____

PARENT OR GUARDIAN OF CHILD ENROLLED IN DISTRICT.

Child's Name and School: _____

Child's Name and School: _____

Parent /Guardian of Child Enrolled in District & Active in a Parent-Teacher Organization Child's Name

and School: _____

Child's Name and School: _____

Organization: _____

At-Large Community Member – Resident of Pacifica School District.

PLEASE NOTE ANY ADDITIONAL INFORMATION YOU FEEL SHOULD BE CONSIDERED AS PART OF YOUR APPLICATION:

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 Independent Citizens' Oversight Committee?*
5. Are you willing to comply with the ethics code included in the bylaws?

YES	NO

(*Employees, vendors, contractors, and consultants of the Pacifica School District are prohibited by law from being members of the Citizens' 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 _____.

Completed applications can be sent to the Superintendent's Office of Pacifica School District

375 Reina Del Mar Ave, Pacifica Ca 94044

Or emailed direction to jpeterson@pacificasd.org

If you have any questions, please contact Ms. Josie Peterson, CBO, at 650.738-6613.

It is the policy of Pacifica School 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.