



Berryessa Union School District

Will Ector, Jr. Superintendent

APPLICATION TO BE APPOINTED A MEMBER OF THE MEASURE K OVERSIGHT COMMITTEE

Name: _____

Address: _____

Phone Contact #: _____

E-Mail Address: _____

CATEGORY: Parent Member: (School) _____

Please answer the following questions in the space allotted. Typed responses are preferred.

1. Why are you interested in becoming a member of the Measure K Oversight Committee?

2. What experiences and/or strengths would you bring as a member of the Committee?

3. What other public/volunteer service or activities have you been involved in?

4. What do you hope to accomplish as a member of this Committee?

All information submitted in and with this application is accurate and true to the best of my knowledge. I understand that if any of the information is found to be false or misleading my application will be disqualified and/or I will be subject to removal from the Committee.

Signature of Applicant

Date

ADDITIONAL APPLICATION INFORMATION

1. In addition to completing this application, applicants may add up to 3 pages of additional information including, but not limited to a resume and letters of recommendation. However, this is not a requirement of the application
2. Questions about this position may be directed to Phuong Le, Deputy Superintendent of Administrative Services at ple@busd.net or by phone at (408) 923-1860
3. Submission of the application may be made by mail (1376 Piedmont Road, San Jose, CA 95132) or electronically to msandoval@busd.net