



Berryessa Union School District

Roxane Fuentes, Ed.D., Superintendent

APPLICATION TO BE APPOINTED A MEMBER OF THE MEASURE A 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. This document can be downloaded in WORD format from the District web page to complete electronically. However, the length of response must be the same.

1. Why are you interested in becoming a member of the Measure A 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 Kevin T. Franklin, Assistant Superintendent at kfranklin@busd.net or by phone at (408) 923-1860
3. Submission of the application may be made by mail (981 Ridder Park Drive, San Jose, CA 95131) or electronically to msandoval@busd.net.