

IMPERIAL UNIFIED SCHOOL DISTRICT
219 NORTH E ST
IMPERIAL, CA 92251
760-355-3200/ 760-355-4511 FAX

CITIZENS' BOND OVERSIGHT COMMITTEE APPLICATION

Date of Application: _____

First Name	Middle Name	Last Name	
Mailing Address	City	State	Zip Code
Primary Phone #	Cell or Text #	Email Address	
Place of Employment	Occupation		

Please check all of the appropriate boxes which apply to you as an applicant for this committee:

- Member active in a business organization representing the business community located in the District.
- Member active in a senior citizen's organization.
- Member active in a bona-fide taxpayers association.
- Member that is a parent or guardian of a child enrolled in the District.
- Member that is both a parent or guardian of a child enrolled in the District and active in a parent-teacher organization or school site council.
- Member of the community at-large.

Qualification Standards

Please mark the appropriate box as an answer to each of the following questions:

1. I am at least 18 years of age. Yes No
2. I reside within the District's geographic boundary. Yes No
3. I am not an employee, official of the District or vendor, contractor or consultant of the District. Yes No

Please indicate your reasons for applying to be a member of this Committee:

Certification of Applicant - I certify that I have carefully reviewed this application and that all information provided by me on this application is true and complete.

Signature of Applicant