



Santa Maria-Bonita School District  
708 South Miller Street  
Santa Maria, CA 93454  
(805) 928-1783 phone (805) 922-7874 fax

## Measure "T" 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 Santa Maria-Bonita School District (SMBSD) student
- Parent or guardian of a SMBSD student active in a parent-teacher organization
- At-large community member

List applicable organization:

\_\_\_\_\_

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
- Building Program Management/Project Management
- Other \_\_\_\_\_

Describe:

\_\_\_\_\_

\_\_\_\_\_

### ADDITIONAL INFORMATION:

1. Have you been a member of any SMBSD District or school-based committee?  Yes  No

If so, which one, and in what capacity? \_\_\_\_\_

2. Are you an employee of SMBSD? (**NOTE:** Employees of the SMBSD are prohibited by law from being members of the Citizens Oversight Committee.)  Yes  No

(OVER)

3. Have you ever been employed by the SMBSD?  Yes  No
4. Are you a vendor, contractor, or consultant to the SMBSD? (**NOTE:** Vendors, contractors, and consultants of the SMBSD are prohibited by law from being members of the Citizens Oversight Committee.)  
 Yes  No
5. Are you able to complete at least one term (two years) as a member of the Citizens Oversight Committee and refrain from becoming an employee, vendor, contractor, or consultant of the SMBSD during such time period?  Yes  No
6. Members of the Citizens Oversight Committee may be required to file financial disclosure/conflict of interest statements pursuant to rules and forms established by the Fair Political Practices Commission. Are you willing to file such financial disclosure statement if appointed to the Citizens Oversight Committee?  
 Yes  No

List present or past membership in any community service, civic, or youth organization. Please also list participation in seminars, workshops, volunteer work, professional organizations, etc.

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**Please answer the following questions:**

1. How long have you been a resident within the SMBSD? \_\_\_ Years
2. Do you have any children or grandchildren who now attend (or have attended) SMBSD schools?  
 Yes  No
3. Do you know of any reason, such as a potential conflict of interest, which would adversely affect your ability to serve on the Citizens' Oversight Committee?  Yes  No
4. List references that have knowledge of your character, experience, and abilities (you may attach letters of reference from those listed, if you wish). Do not include names of relatives. Please provide Name/Address/Phone/Business/Occupation for each reference:

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5. Explain why you would like to be appointed to this Committee.

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(You may provide additional answers to the above question on separate sheets of paper.)

**CERTIFICATE OF APPLICANT:**

All answers and statements in this document are true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE RETURN COMPLETED APPLICATION BY 4:00 PM March 13, 2015,  
TO Paula Elkins - 708 South Miller Street, Santa Maria, CA 93454  
(805) 928-1783 phone (805) 928-7874 fax**