



Castaic Union School District Measure QS Citizens' Oversight Committee Application Form December 2020

General Information (Please Print):

Name: _____

Home Address: _____

Home Telephone: _____ E-mail: _____

Employer Information:

Name of Employer: _____

Work Address: _____

Work Telephone: _____ E-mail: _____

Required Membership

California law requires certain persons to be represented on the Citizens' Oversight Committee. Please indicate all Committee designation(s) for which you are qualified:

Business Representative
Company Name _____

**Active Member of Senior
Citizen Group**
Group Name _____

Member of Taxpayer Organization
Org. Name _____

Parent of a School District Student
Student/School Name _____

At-Large Community Member

**Active PTA/PTSA, School Site
Council, School District Foundation**
Name of PTA/PTSA/Site Council/Foundation _____

If possible, please provide a contact person and phone number of the organization in which you are active. The Castaic Union School District may contact these organizations to verify your participation.

Educational Background (You may attach a resume or additional pages, if needed):

College and/or University: _____

Degree/Major: _____

Vocational and/or Other Institutions: _____

Certificate/Technical Training: _____

Additional Information:

1. Have you been a member of any School District committees?

Yes No If so, in what capacity?

2. Are you, or have you or a member of your immediate family, ever been employed by the School District?

Yes No If yes, please explain:

3. List present or past membership in any community service (e.g. volunteer, civic or youth) organizations:

4. List participation in professional seminars, workshops, or organizations:

Qualifications:

1. Describe any skills, training, and experience you have in the areas of finance, facilities, and/or construction. This is not a requirement of committee membership. (You may attach an additional page or resume, if needed):

Please Answer the Following Questions:

1. How long have you been a resident within the Castaic Union School District?

_____Years _____Months

2. Do you have any children or grandchildren who now attend (or have attended) School District schools?

Yes No

Which schools and comments:

3. Do you know of any reason such as a potential conflict of interest, which would adversely affect your ability to serve on the Citizen's Oversight Committee for Measure QS?

Yes No If yes, please explain:

4. Are you a vendor, contractor, or consultant of the Castaic Union School District?

Yes No If yes, please explain:

Certificate of Applicant:

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

Signature: _____ Date: _____

Completed and signed applications must be received by the Office of the Superintendent, located at 28131 Livingston Avenue, Valencia, California **by 4:30 PM, February 26, 2021**. Please be aware that completed Citizen’s Oversight Committee applications are public records which are available for public review.

If you have any questions, please call the Castaic Union School District at (661) 257-4500 and ask to speak with Jaime Garcia, Director of Facilities.