

# Charter School Citizen Budget Oversight Committee

## Volunteer Member Application

### Contact Information

|                  |  |
|------------------|--|
| Name             |  |
| Street Address   |  |
| City ST ZIP Code |  |
| Home Phone       |  |
| Work Phone       |  |
| E-Mail Address   |  |

### Membership Representation

Please check all that apply:

- I am a resident of the area surrounding the school.
- I am the parent of a student(s) attending the school.
- I am an employee of the school.

### Statement of Interest

Please state your reason(s) for applying to serve on the Citizen Budget Oversight Committee:

|  |
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|  |
|--|

### Education History

| School Name | City/State | Dates Attended | Diploma/Degree |
|-------------|------------|----------------|----------------|
|             |            |                |                |
|             |            |                |                |
|             |            |                |                |
|             |            |                |                |
|             |            |                |                |

## Employment History

| Employer | Job Title | Area of Responsibility | Start & End Dates |
|----------|-----------|------------------------|-------------------|
|          |           |                        |                   |
|          |           |                        |                   |
|          |           |                        |                   |
|          |           |                        |                   |

## Conflict of Interest Disclosure

Applicants are required to disclose any actual or potential conflicts of interests that would arise due to their appointment to the Citizen Budget Oversight Committee.

- I have no conflict of interest to report.
- I have the following conflict of interest to report (please specify):

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I also understand that my initial appointment shall be for a term length of two (2) years with option to extend to no more than three (3) additional terms based on the majority vote of the existing members of the Committee; however, I may terminate my position upon written notice to the Committee Chairperson.

|                |  |
|----------------|--|
| Name (printed) |  |
| Signature      |  |
| Date           |  |