# Garden Grove Unified School District

Public Information Office

# **APPLICATION**

# Citizen's Bond Oversight Committee (BOC) - Measures A & P

Select One:	Oversignt Co	illillittee (BOC)	- Weasures A & P
First Name	Middle Initial Last Name		
Home Address			
City		State	Zip
Phone: Home	Business		Cell
Preferred method of phone contact: E-mail	Home	Business	Cell
Occupation			
Company			
Business Address			
City		State	Zip
Public and Community Service:			
Why do you want to serve on the	Measures A & P	Citizens' Oversig	ht Committee?
l would be able to represent the fo	ollowing constitu	encies in the Dist	rict: (check all that apply)
Business Representative – Ac  Organization:	ctive in a business	organization repre	senting local business.
Senior Citizen Group Represe  Organization:	entative – Active r	nember in a senior	citizen's organization.
Taxpayer Organization Member Organization:	<b>er</b> – Active in a bo	ona-fide taxpayers a	association.

# **APPLICATION**

# Citizen's Bond Oversight Committee (BOC) - Measures A & P

	Child's Name and School:	
	Child's Name and School:	
	Parent/ Guardian of Child Enrolled in District and Active in a Parent-Teacher Child's Name and School:	Organization.
	Child's Name and School:	
	Organization:	
	At-Large Community Member – Resident of the Garden Grove Unified School Di	strict.
Ple	ease Note any additional information you feel should be considered as part of	your application:
<u> </u>	Check either Yes	s or No Yes No
1.	Are you an employee of the Garden Grove Unified School District?*	
2. 3.	Are you a vendor, contractor, or consultant to the school district?*	haura2
4.	Do you have conflicts that would preclude your attending meetings during business Do you know of any reason, such as a potential conflict of interest, which would	nours?
	adversely affect your ability to serve on the Citizen's Bond Oversight Committee?*	
5.	Are you willing to comply with the ethics code included in the bylaws?	
men	imployees, vendors, contractors, and consultants of the Garden Grove Unified School District are prolembers of the Citizen's Bond Oversight Committee. Employment which could result in becoming a contedistrict would also be a potential conflict.)	
	(Check if applicable) I am related to a current employee of the district. If yes, name o your relationship:	of employee and
	I understand that I may not be an employee or official of the Garden Grove Unia vendor, contractor, or consultant for the Garden Grove Unified School Dimember of the Bond Oversight Committee.	
	I certify that I meet all eligibility requirements including (1) at least one criteria i	indicated by the
(ma	dersigned on page 2 of this Application, and (2) a resident of the Garden Grove Unap attached), and (3) at least 18 years of age, and (4) not be disqualified from hold constitution or any law of the State of California.	nified School Distr
Prin	nt Name	
Sigr	gnature Date	
	ation cannot be saved. After completing, please print, sign, and mail or bring the ap	plication to this ad
	Garden Grove Unified School District	
	Abby Milone, Public Information Officer	
	10331 Stanford Ave.	
	Garden Grove, CA 92840	
	Completed applications must be received no later than 4 p.m. PST March 2	3, 2018.
It is	s the policy of the Garden Grove Unified School District not to unlawfully discriminate on the basis on the pasis of the group identification, race, ancestry, national origin, color, religion, marital status, age or ment	

Office Use Only – High School Area of Residence: BGHS GGHS LQHS LAHS PHS RAHS SHS