Name	e:			
Addre	ess:			
Cell F	Phone: Work Phone:			
Emai	il: Home Phone:			
Mailir	ng Address (if different than above):			
Prefe	erred Method of Communication: Cell Work	Home	Email	
Comi	ornia law requires certain persons to be represented on the Cit mittee. Pleasselectone or more public interest categories which wish to represent:	n you are	e active and	
	Student enrolled and active in a community college support group	, such as	student gove	
	Business community located in the district.			
	Senior citizens' organization.			
	Bonafide taxpayersbrganization.			
	Support organization for the district, such as the SCCC Foundatio	n.		
	Community atlarge-resident of the community college district.			
		Yes	No	
1.	Are you at least 18 years of age or older?			
2.	Are you an employee of the district?*			
3.	Are you a vendor, contractor, or consultant to the district?*			
4.	Do you know of any conflicts that would preclude your attending quarterly meetings?			
5.	Doyou know of any reason, such as potential conflict of interest, w would adversely affect your ability to serve on the Citizens' Bond Oversight Committee?	- hich		
6.	Are you willing to comply with the ethics code included in the bylaw	/ <b>s</b> ?		

<sup>(\*</sup> Employees, vendors, contractors and consultants of the State Center Community College District are prohibited by law from being members of the Citizens' Bond Oversight Committee. Employment which could besidting a contractor or subcontractor to the district would also be a potential conflict.)

Why would you like to serve on the Citizens' Bond Oversight Committee?
Do you have any special area of expertise that you think would be helpfuhtecommittee?
If you have served on other school district, city, or community committees, please list and briefly describeyour role:
Signature of Applicant  All answers and statements in this document are true and complete to the best of my knowledge.