

Capital School District
Citizen Budget Oversight Committee
Volunteer Member Application

Name _____

Address _____

Street

Apt #

Town

State/Zip Code

Telephone Numbers Home _____ Work/Cellphone _____

Email Address _____

District of Residence _____

Please check all that apply:

_____ I am a resident of the Capital School District

_____ I am the parent of students attending school in the Capital School District

_____ I am an employee of the Capital School District

Education History

High School	City/State	Dates Attended	Diploma/Degree
College	City/State	Dates Attended	Diploma/Degree
College	City/State	Dates Attended	Diploma/Degree
College	City/State	Dates Attended	Diploma/Degree

Employment History

Previous Employer	Job Title	Area of Responsibility	Start and End Dates
Previous Employer	Job Title	Area of Responsibility	Start and End Dates
Present Employer	Job Title	Area of Responsibility	Start and End Dates

Additional relevant Training, Experience or Knowledge

Please state the reason for which you are applying to serve on the Citizen Budget Oversight Committee

Please Check all that apply:

_____ I agree to serve on the committee for two (2) years.

_____ I agree to attend all required training provided by the Department of Education.

I hereby certify that the above statements are true and correct to the best of my knowledge.

Date _____ Signature _____