

Citizen Budget Oversight Committee

Volunteer Member Application

Name \_\_\_\_\_

Address \_\_\_\_\_

Street

Apt #

Town

State/Zip

Code

Telephone Numbers Home \_\_\_\_\_ Work/Cell phone \_\_\_\_\_

District of Residence \_\_\_\_\_

Please check all that apply:

\_\_\_\_\_ I am a resident of the area surrounding the school

\_\_\_\_\_ I am the parent of student(s) attending the school

\_\_\_\_\_ I am an employee of the school

Education History

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

Employment History

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

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

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

Date \_\_\_\_\_ Signature \_\_\_\_\_