

Cypress School District
Measure M Citizen's Oversight Committee
Application for Appointment, Issued January 2009

Please complete this application and return it to Joan Brister, Executive Assistant to the Superintendent, Cypress School District Administrative Office: 9470 Moody St, Cypress CA 90630, jbrister@cypsd.k12.ca.us, (fax: (714) 220-6909). Applications must be received by 3:00 pm on Thursday, February 12, 2009, in order to be considered. Interviews for selected applicants will be held from 1-4 pm on Thursday, February 19th. Proposed candidates will be reviewed and committee appointments will be made on March 10, 2009.

I. General Information:

Name: _____

Address: _____

Phone: Home: _____ Business: _____ Cell: _____

Email: _____

Do you reside within the boundaries of the Cypress School District? Yes ___ No ___
(A map of the District's boundaries can be viewed on the District's website: www.cypsd.k12.ca.us)
If "yes," how many years have you resided within Cypress School District's boundaries? _____

Are you a parent/guardian of one or more children who currently attend(s) school in Cypress School District? Yes ___ No ___

If yes, please list child(s) name(s), age(s), and school(s) currently attending:

II. Membership Categories:

California law requires certain persons to be represented on the Citizen's Oversight Committee ("Committee"). A more detailed description of the oversight committee background, responsibilities, and guidelines is available at the District's website: www.cypsd.k12.ca.us, by clicking the Measure M link. Please indicate all Committee designation(s) for which you are qualified:

Business Representative
Company Name: _____

Active Member of Senior Citizen Group
Group Name: _____

Member of Taxpayer Organization
Org. Name: _____

Parent of a School District Student
Student/School Name _____

At-Large Community Member

Active PTA, Site Council
Name of PTA/Site Council: _____

*If possible, please provide a contact person and phone number of the organization in which you are active.
Please Note- the Cypress School District may contact these organizations to verify your participation.

III. Qualifications:

1. Why do you wish to be appointed to the Citizens' Oversight Committee?

2. What specific expertise would you bring to the committee that you feel would be of most benefit to the District?

3. What do you feel are the primary responsibilities of a member of the committee?

4. Have you been a member of any School District committees or organizations?

Yes No If so, in what capacity?

5. Are you, have you, or has a member of your immediate family, ever been employed by the School District?

Yes No If yes, please explain?

6. List present or past membership in any community service (e.g. volunteer, civic, or youth) organizations:

7. Do you know of any reason such as a potential conflict of interest, which would adversely affect your ability to serve on the Citizen's Oversight Committee for Measure M?

Yes No If yes, please explain?

8. Are you a vendor, contractor or consultant of or to the Cypress School District?

Yes No If yes, please explain?

9. Are you available to attend Committee meetings on weeknights?

Yes No If no, please explain?

Date: _____ Signature of Applicant: _____

NOTE: Please be aware that the completed Citizens' Oversight Committee applications are public records, which are available for public review. Where possible, the District may redact personal contact information (address, phone number, e-mail address, etc.), but the District assumes no liability to applicants in the event such information is released.