

**SANTA BARBARA COMMUNITY COLLEGE DISTRICT
APPLICATION FOR CITIZENS' OVERSIGHT COMMITTEE**

(Please Print or Type)

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

FAX#: _____ E-Mail: _____

Why do you want to serve on the Measure V Citizens Oversight Committee?

Do you have any special area of expertise or experience that you think would be helpful to the committee?

If you have served on other school district, college, or city or community committees please list and briefly describe your role:

I would be able to represent the following constituencies in the District: *(check all that apply)*

☐ **Business Representative** - Active in a business organization representing local business
Organization: _____

☐ **Senior Citizen Group Representative** - Active member in a senior citizens' organization
Organization: _____

☐ **Taxpayer Organization Member** – Active in a bona fide taxpayers' association
Organization: _____

☐ **Student in District and Active in Student Government**

☐ **Active in Organization Supportive of the College, such as Advisory Council or Foundation**

☐ **At-Large Community Member** – Resident of the Santa Barbara Community College District

Please note any additional information you feel should be considered as part of your application:

Are you an employee of the College?*

Are you a vendor, contractor, or consultant to the school district?

Do you have conflicts that would preclude your attending quarterly meetings?

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

Are you willing to comply with the ethics code included in the bylaws?

(*Employees, vendors, contractors, and consultants of the Santa Barbara Community College District are prohibited by law from being members of the Citizens' Oversight Committee. Employment which could result in becoming a contractor or subcontractor to the district would also be a potential conflict.)

| Yes | No |
|-----|----|
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Signature of Applicant

All answers and statements in this document are true and complete to the best of my knowledge.

Signature _____ Date _____

Completed applications must be received in the
Superintendent/President's Office of the Santa Barbara Community College District
721 Cliff Drive, Santa Barbara, CA 93109-2394 or faxed to (805) 966-3402

No later than 4:30 pm, December 17, 2010.

If you have any questions please call the Santa Barbara Community College District at
(805) 730-4011

It is the policy of the Santa Barbara Community College District not to unlawfully discriminate on the basis of sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, color, religion, marital status, age or mental or physical disability in the educational programs or activities which it operates.