

Member Application

DUTIES OF THE COMMITTEE The committee shall inform the public concerning the District's expenditures of Measure B bond proceeds as well as review expenditure reports produced by the District to ensure that bond proceeds were expended only for the purposes set forth in the Measure B.

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|---------------------|-----------|-------|
| Applicant's Name: | Phone: | Cell: |
| Address: | City: | Zip: |
| Email: | | |
| Employer's Name: | Position: | |
| Employer's Address: | City: | Zip: |
| Employer's Phone: | | |

REPRESENTATIVE SEATS

Please check the committee membership(s) that you wish to represent on the committee:

- Parent or guardian of a child enrolled in the school district.
- Parent or guardian of a child enrolled the school district and is active in a parent-teacher organization or school site council.
- Business organization representing the business community in the district
- Senior Citizens Representative
- Tax Payers Association within the district
- Member of the District's community at-large

Please provide a statement as to why you wish to be considered by the Livingston Board of Education for membership on the Measure B Citizens' Oversight Committee:

State law and committee bylaws require that committee members not have a potential conflict of interest. Specifically, a committee member may not be a district employee, vendor, contractor or consultant. Employment which could result in becoming a contractor or subcontractor to the district would also be a potential conflict.

I am applying to serve on the Citizens' Bond Oversight Committee in the indicated seat. I have read the conflict of interest information and I do not have conflict of interest that would prevent my serving on the committee. I agree to report such a conflict to the committee chair and district administration should it arise in the future.

Signature _____ Date: _____