APPLICATION FOR APPOINTMENT TO A SPECIAL DISTRICT VACANCY

Instructions

If you are interested in serving as a Trustee on the Board of Education, please complete this application and return it to: Taylor Martens

Date Due: June 3, 2024

You will be advised by the district board if your appointment is confirmed. Thank you for your interest.

TRUSTEE AREA:	DATE:
NAME:	AGE (optional):
RESIDENCE ADDRESS:	
BUSINESS OR MAILING ADDRESS:	
PHONE (DAYTIME):	_ PHONE (EVENING):
E-MAIL:	

EDUCAT	ION
Institution	Major

WORK/VOLUNTEER EXPERIENCE						
City	Position	From	То			

Degree

Year

STATEMENT OF QUALIFICATIONS:

Please briefly describe your qualifications and why you are interested in serving on the Board of Directors.

CERTIFICATION:

I certify that the information contained in this application is true and correct. I authorize the verification of the information in this application.

Signature

Date