**Application for Membership**

**MEASURE L CITIZENS’ OVERSIGHT COMMITTEE**

Date:

Applicant Name:

Best Phone (#s) at which to be reached:

Email:

Physical Address of Residence:

(This must be a physical address to verify that you live within District boundaries.)

**Please check the following constituencies that you could represent (Check all that apply):**

[ ]  Foundation Representative – Active in a support organization for the college, such as a foundation

[ ]  Senior Representative - Active in a senior citizens’ organization

[ ]  Student Representative – Student enrolled and active in a community college support group, such as student government

[ ]  Taxpayers Representative- Active in a bona-fide taxpayers’ association

[ ]  Member of the Community at Large

NOTE: All members of the Measure L Citizens’ Oversight Committee must be residents of the San Joaquin Delta Community College District (“District”). Employees, vendors, contractors, and consultants of the District are prohibited by law from being members of the Citizens’ Oversight Committee. Employment that could result in becoming a contractor or subcontractor to the District would also be a potential conflict.

Meetings are held on one Thursday evening during the months of February, May, August and November. Please indicate “YES” or “NO” to the following:

* Do you have conflicts that would preclude your attending the quarterly meetings? [ ]  YES [ ]  NO
* Do you know of any reason, such as a potential conflict of interest, which would adversely affect your ability to serve on the Independent Citizens’ Oversight Committee? [ ]  YES [ ]  NO
* Are you willing to comply with the ethics code included in the [bylaws](https://www.deltacollege.edu/bond/bond/documents/SJDC_COC_Bylaws.pdf)? [ ]  YES [ ]  NO

It is the policy of the San Joaquin Delta Community College District (SJDCCD) 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.

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| **Why do you want to serve on the Measure L Independent Citizens’ Oversight Committee?***Answer:*       |

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| **Do you have any particular area of expertise or experience (e.g., work, previous other committee experiences, etc.) that you think would be helpful to the committee?** *Answer:*       |

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

**Signature of Applicant:**

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

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**Signature Date**

**Return this Application to:** Office of the Vice President of Operations, SJDCCD, 5151 Pacific Avenue, Stockton, CA 95207 or scanned and emailed to: sbourret@deltacollege.edu by the specified deadline.

***[Application should not exceed two 8.5” x 11” pages.]***