

**MARIN COMMUNITY COLLEGE DISTRICT
APPLICATION FOR INDEPENDENT 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 B Independent 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, 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)

One Student Enrolled and Active in a Community College Support Group

Student's Name and School: _____

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: _____

One Member Active in a Support Organization for the College, such as a Foundation

Name and Organization: _____

Two At-Large Community Members – Residents of the Marin Community College District.

Name: _____

Name: _____

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

- 1. Are you an employee of the District?*
- 2. Are you a vendor, contractor, or consultant to the school district?*
- 3. Do you have conflicts that would preclude your attending quarterly meetings?
- 4. 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?*
- 5. Are you willing to comply with the ethics code included in the bylaws?

YES	NO

(*Employees, vendors, contractors, and consultants of the Marin 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.)

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
at Marin Community College District
835 College Avenue, Kentfield, CA 94904

If you have any questions, please
call Marin Community College District at 415.457.8811.

It is the policy of the Marin 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.