

**SAN DIEGO UNIFIED SCHOOL DISTRICT
PROPOSITION S AND PROPOSITION Z INDEPENDENT
CITIZENS' OVERSIGHT COMMITTEE NOMINATION FORM**

Organization: _____ :

Nominates the following person for appointment to the Prop. S /Prop. Z ICOC

Name: _____

Address: _____

Phone: _____

Fax: _____ Email: _____

Information below provided by nominee.

Please verify the following (mandatory):

I am at least 18 years of age and a citizen of the state of California Yes No

I am NOT an employee or official of San Diego Unified School District
Yes No

I am NOT employed as, or by, a vendor, contractor, or consultant of the district. Yes No

I am a current and active member in good standing of this organization. Yes No

Additional Information (optional):

Do you have children currently enrolled in the San Diego Unified?
Yes No

If yes, which school(s), and what year will the youngest graduate?

Please describe your experience and background as it relates to school construction. Attach additional pages as necessary.

Please describe your experience and background that you feel would benefit the Independent Citizens' Oversight Committee. Attach additional pages as necessary.

Please describe the particular areas on which you wish to focus, and/or goals you wish to accomplish, during your tenure on the Independent Citizens' Oversight Committee? Attach additional pages as necessary.

Certificate of applicant: All answers and statements in this document and attachments are true and complete to the best of my knowledge and belief. I understand that this application is a public record and may be discussed at a public meeting of the Board of Education.

Signature of applicant: _____ Date: _____

Organization Contact Person & Title: _____

Address: _____

Phone: _____

Fax: _____ Email: _____