

**Capital School District**  
**Citizen Budget Oversight Committee**  
 Volunteer Member Application

Name \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ Apt # \_\_\_\_\_

Town \_\_\_\_\_ State/Zip Code \_\_\_\_\_

Telephone Numbers Home \_\_\_\_\_ Work/Cellphone \_\_\_\_\_

Email Address \_\_\_\_\_

District of Residence \_\_\_\_\_

Please check all that apply:

\_\_\_\_\_ I am a resident of the Capital School District

\_\_\_\_\_ I am the parent of students attending school in the Capital School District

\_\_\_\_\_ I am an employee of the Capital School District

**Education History**

High School	City/State	Dates Attended	Diploma/Degree
College	City/State	Dates Attended	Diploma/Degree
College	City/State	Dates Attended	Diploma/Degree
College	City/State	Dates Attended	Diploma/Degree

Employment History

Previous Employer	Job Title	Area of Responsibility	Start and End Dates
Previous Employer	Job Title	Area of Responsibility	Start and End Dates
Present Employer	Job Title	Area of Responsibility	Start and End Dates

Additional relevant Training, Experience or Knowledge

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Please state the reason for which you are applying to serve on the Citizen Budget Oversight Committee

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Please Check all that apply:

\_\_\_\_\_ I agree to serve on the committee for two (2) years.

\_\_\_\_\_ I agree to attend all required training provided by the Department of Education.

I hereby certify that the above statements are true and correct to the best of my knowledge.

Date \_\_\_\_\_ Signature \_\_\_\_\_