VICTOR VALLEY COMMUNITY COLLEGE DISTRICT
APPLICATION FOR CITIZENS’ OVERSIGHT COMMITTEE

(Please Print or Type)

Name: ________________________________

Address: __________________________________________________________

E-Mail: ____________________________ Cell#: ____________________ Alt Cell: ________________

Work #: ____________________________ Home#: __________________ FAX #: __________________

Why do you want to serve on the Measure JJ 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, college, or 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) ·

☐ 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: ________________________________

☐ Student in District and Active in Student Government.
________________________________________________________________________
________________________________________________________________________
☐ Active in Organization Supportive of the College, such as Advisory Council or Foundation

Organization: ____________________________ ____________________________

☐ At-Large Community Member – Resident of the Victor Valley Community College District.

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

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

YES NO

1. Are you an employee of the College?*

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 Citizens’ Oversight Committee?*

5. Are you willing to comply with the ethics code included in the bylaws?

("Employees, vendors, contractors, and consultants of the Victor Valley 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 in the Office of the Vice President, Administrative Services of the Victor Valley Community College District, 18422 Bear Valley Road, Victorville, CA 92395 or faxed to 760.243.2781 no later than 4:30 pm, August 30, 2013.

If you have any questions, please call the Victor Valley Community College District at: 760.245.4271, ex. 2465.