



MEASURE L CITIZENS' OVERSIGHT COMMITTEE
Application for Membership

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):

- Business Representative** - Active in a business organization representing the business community located in the District.
- Foundation Representative** – Active in a support organization for the college, such as a foundation.
- At Large Representative** - 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 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?
 YES NO

It is the policy of the San Joaquin Delta Community College District (SJDCCD) not to unlawfully discriminate based on 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.

Why do you want to serve on the Measure L Independent Citizens' Oversight Committee?

Answer:

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

Answer:

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.

Signature

Date

Return this Application to:

San Joaquin Delta Community College
ATTN: Susan Rodriguez
Facilities Planning & Management, Danner B6
5151 Pacific Avenue
Stockton, CA 95207

or scanned and emailed to: susan.rodriguez@deltacollege.edu

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