

SAN JOAQUIN **DELTA COLLEGE**

Application for Membership MEASURE L CITIZENS' OVERSIGHT COMMITTEE

Da	te:
Apı	plicant Name:
Bes	st Phone (#s) at which to be reached:
Em	nail:
Phy	ysical Address of Residence:
(Th	nis must be a physical address to verify that you live within District boundaries.)
Ple	ease check the following constituencies that you could represent (Check all that apply):
	Foundation Representative – Active in a support organization for the college, such as a foundation
	Senior Representative - Active in a senior citizens' organization
	Student Representative – Student enrolled and active in a community college support group, such as student government
	Taxpayers Representative- Active in a bona-fide taxpayers' association
	Member of the Community at Large
Joa cor Cor	TE: All members of the Measure L Citizens' Oversight Committee must be residents of the San equin Delta Community College District ("District"). Employees, vendors, contractors, and insultants of the District are prohibited by law from being members of the Citizens' Oversight mmittee. Employment that could result in becoming a contractor or subcontractor to the Districuld also be a potential conflict.
	eetings are held on one Thursday evening during the months of February, May, August and vember. Please indicate "YES" or "NO" to the following:
•	Do you have conflicts that would preclude your attending the quarterly meetings? \square YES \square 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? \square YES \square NO
•	Are you willing to comply with the ethics code included in the <u>bylaws</u> ? ☐ YES ☐ NO
dis and	s the policy of the San Joaquin Delta Community College District (SJDCCD) not to unlawfully criminate on the basis of sex, sexual orientation, gender, ethnic group identification, race, cestry, national origin, color, religion, marital status, age or mental or physical disability in the ucational programs or activities which it operates.

Why do you want to serve on the Measure L Independent Citizens' Oversigh	nt Committee?	
Answer:		
Do you have any particular area of expertise or experience (e.g., work, prev	ious other	
committee experiences, etc.) that you think would be helpful to the commi	ttee?	
Answer:		
Please note any additional information you feel should be considered as pa	art of your	
application:	•	
Answer:		
, and the second		
Signature of Applicant:		
All answers and statements in this desument are true and complete to the best of	f my knowlodgo	
All answers and statements in this document are true and complete to the best of	my knowledge.	
Signature Date		
Return this Application to: Office of the Vice President of Operations, SJDCCD, 5151 Pacific Avenue,		
Stockton, CA 95207 or scanned and emailed to: sbourret@deltacollege.edu by the	e specified	
deadline.		

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