

**Measures J and I**  
**Citizens' Oversight Committee**  
**for**  
**Alum Rock Union Elementary School District**

On July 10, 2008, the Board of Trustees approved the formation of the Oversight Committee and Bylaws; on August 14, 2008, the Board adopted and certified a resolution to officially enter the minutes of the election results. With the voters of Alum Rock Union Elementary School District, Measure J was passed on November 6, 2012, a \$125 million Facilities Bond, followed with passing of Measure I, a \$140 million on June 7, 2016 to continue to fund school renovations and construction. This is an application for Citizens' Oversight Committee (COC) consideration.

Printed Name of Applicant \_\_\_\_\_

**Application for Appointment**

By submitting this application, I certify that I meet the following criteria:

1. Willingness and ability to work collaboratively in a group with diverse opinions
2. Commitment to regular attendance at meetings of the Citizens' Oversight Committee (COC)
3. Willingness to abide by the Code of Conduct established by the COC
4. Willingness to communicate responsibly to the community
5. Understand and accept the role of the COC related to the Measure G Bond
6. Possess necessary background and experience to serve on the COC
7. Live within the boundaries of Alum Rock Union Elementary School District (ARUESD)
8. I am not a consultant, contractor, employee or vendor of ARUESD

**Term: 2 year term\***

\*commencing as of the date of appointment by the Board

**(Submit Completed Applications to the Business Office, c/o Assistant  
Superintendent of Business Services)**

Signature \_\_\_\_\_

Note: The Board will appoint seven (7) members of the Citizens' Oversight Committee at a regularly scheduled Board Meeting.

**Citizens' Oversight Committee Membership:**

California law requires certain persons to be represented on the Citizens' Oversight Committee ("Committee"). Please indicate all Committee designation(s) for which you are qualified:

<input type="checkbox"/> Business Representative	<input type="checkbox"/> Active member of Senior Citizen Group
Company Name: _____	Group Name: _____
<input type="checkbox"/> Member of Taxpayer Organization	<input type="checkbox"/> Parent/Guardian of a School District Student
Org. Name: _____	Student/School Name: _____
<input type="checkbox"/> Active PTA, Site Council, School District	<input type="checkbox"/> Community at Large (2)
Name of PTA/SSC: _____	Community Name: _____

- If possible, please provide a contact person and phone number of the organization on which you are active. The school District may contact these organizations to verify your participation.

**General Information:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Employer Information:**

Name of Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

Work Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Educational Background:**

(Response optional you may attach a resume or additional pages, if needed.)

College and/or University: \_\_\_\_\_

Degree/Major: \_\_\_\_\_

Vocational and/or Other Institutions: \_\_\_\_\_

**Additional Information:**

1. Have you been a member of any school district committee?

\_\_\_\_ Yes      \_\_\_\_ No      If so, in what capacity and when?

\_\_\_\_\_  
\_\_\_\_\_

2. Are you, or have you or a member of your immediate family, ever been employed by the school district?

(Note: Employees are prohibited by law from being members of the Committee)

\_\_\_\_ Yes      \_\_\_\_ No      If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

3. Are you a vendor, contractor or consultant to the school district? (**NOTE:** Vendors, contractors, and consultants of the school district are prohibited by law from being members of the COC.)

\_\_\_\_ Yes      \_\_\_\_ No

4. List present or past membership in any community service (e.g. volunteer, civic or youth organizations).

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

**Qualifications:**

1. Describe your skills, training and experience in finance, facilities and/or construction.  
(You may attach an additional page or resume, if needed.)

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2. Describe your involvement with Alum Rock Union Elementary School District or its schools.

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**Please Answer the following Questions:**

1. How long have you been a resident within the District? \_\_\_\_\_ Years \_\_\_\_\_ Months
2. Do you have any children or grandchildren who now attend (or have attended) Alum Rock Union Elementary schools? \_\_\_\_\_ Yes \_\_\_\_\_ No

Which schools: \_\_\_\_\_

3. Do you know of any reason such as a potential conflict of interest, which would adversely affect your ability to serve on the Measure G Committee?

\_\_\_ Yes    \_\_\_ No            If yes, please explain: \_\_\_\_\_

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4. Explain why you would like to be appointed to this Committee. (You may attach additional pages, if needed.)

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5. Are you able to complete at least 1 term (2 years) as a member of the COC and refrain from becoming an employee, vendor, contractor, or consultant of the School District during such time period?

\_\_\_\_ Yes                      \_\_\_\_ No

6. Are you available to attend Committee meetings on weeknights?

\_\_\_\_ Yes                      \_\_\_\_ No                      If no, please explain.

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7. Members of the COC will be required to file financial disclosure/conflict of interest statements pursuant to rules and forms established by the Fair Political Practices Commission. Are you willing to file such financial disclosure statement if appointed to the COC?

\_\_\_\_ Yes                      \_\_\_\_ No

**Certificate of Application:**

All answers and statements in this document are true and complete to the best of my knowledge and belief.

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

Please submit a completed signed application to Patricia Tovar in the Business Services Department, Alum Rock Union Elementary School District Office, 2930 Gay Avenue, San Jose, CA 95127. If you plan to fax your application (408 928-6445) or email ( [patricia.tovar@arUSD.org](mailto:patricia.tovar@arUSD.org) ), it is your responsibility to call to confirm that your fax/email has been received. Application forms are available on the web page at [www.arUSD.org](http://www.arUSD.org) or from the district office by contacting Patricia Tovar at 408 928-6846.

Please be aware completed applications are public records available for public review.