



**APPLICATION FOR JEFFERSON COUNTY SCHOOL DISTRICT 509-J
BUDGET COMMITTEE MEMBER**

Name: _____

Address: _____

Home Phone #: _____ Cell Phone#: _____ Email Address: _____

Profession: _____

Children in School System:	Age	Grade	School
	_____	_____	_____
	Age	Grade	School
	_____	_____	_____
	Age	Grade	School
	_____	_____	_____
	Age	Grade	School
	_____	_____	_____

1. Please state why you wish to serve on the Jefferson County School District 509-J Budget Committee: _____

2. What are your thoughts about the goals and needs of the Jefferson County schools?

3. List any special training, education, certificates or special skills you may have that are pertinent to the work of this committee: _____

4. List government committees, school committees, commissions or board on which you have served: _____

5. List civic or service organizations on which you served: _____

I certify that I am resident of Jefferson County and a qualified voter within the boundary of Jefferson County School District 509-J.

Signature: _____ Date _____

Note: If you need more room, please use the back of this sheet or attach another sheet.

**Please return your application to the:
Jefferson County School District Office
445 SE Buff Street
Madras, OR 97741.**

Posting is open until filled.