



Application for Citizens' Bond Oversight Committee

I am interested in serving on the Citizens' Bond Oversight Committee (CBOC) for the following:

Measure T (West Hills Community College District)

(Citizens living within the boundaries of the West Hills Community College District are welcome to apply)

Name:

Email:

Home Address / City / Zip:

Contact Phone Number(s):

Employer:

Employer Address / City / Zip:

Employer Phone Number:

I can represent the following constituencies (check all that apply):

Business Representative – Active in a business organization representing the business community located within the boundaries of the specified CBOC

Name of organization:

Senior Citizen Group Representative – Active member in a senior citizens' organization

Name of organization:

Taxpayer Organization Member - Active in a bona fide taxpayers association

Name of organization:

Student – Currently enrolled in the District and active in a college club or group

College Club or Group(s):

Member of College Support Organization – Active in the support and organization of the District (i.e. West Hills Community College Foundation, Boosters, etc.)

Name of organization:

At Large Community Member – Resident of the area within the boundaries of the specified

CBOC Please list your current affiliate organizations and/or community group memberships:

Please describe your interest in serving on the Citizens' Bond Oversight Committee and what specific experience you have that may be helpful:

I am applying to serve on the Citizens' Bond Oversight Committee. I have read the Bylaws and the conflict of interest information in the Ethics Policy Statement and I do not have a conflict of interest that would prevent me from serving on the committee. I agree to report such conflicts to the committee chair and district administration should any arise. I understand that this position is a community service, unpaid, volunteer position. I certify that I am not an employee, vendor, contractor, consultant, or official of the West Hills Community College District.

Signature: _____ Date: _____

Please print and sign this application and submit to:

West Hills Community College District
Attention: Chancellor's Office
275 Phelps Avenue – Coalinga, CA 93210
Office (559) 934-2102 Fax (559) 934-2810
Email: chancellorsoffice@whccd.edu