

Citizens' Oversight Committee for Measure C
College of the Sequoias Community College District
Application for Appointment
2024

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:

- **Business Representative** Company Name: _____
- **Active Member of Senior Citizen Group** Group Name: _____
- **Member of Taxpayer Organization** Group Name: _____
- **COS Student Organization/Student Club** Name: _____
- **Member of College Support Organization** Org. Name _____
- **At-Large Community Member**

If possible, please provide a contact person and phone number of the organization in which you are active. The College District may contact these organizations to verify your participation. Attach extra sheets, if necessary, to complete this application.

General Information:

Name: _____
Home Address: _____
Home Telephone: _____ E-mail: _____

Employer Information:

Name of Employer: _____
Work Address: _____
Work Telephone: _____

Educational Background (Response optional; you may attach a resume or additional pages, if needed):

College and/or University: _____
Degree/Major: _____
Vocational and/or Other Institution: _____
Certificate/Technical Training: _____

Additional Information:

1. Have you been a member of any College District committees? __ Yes __ No If yes, in what capacity?

2. Are you or have you or a member of your immediate family ever been employed by the District?
__ Yes __ No If yes, please explain: _____

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

4. List participation in professional seminars, workshops or organizations. _____

Qualifications:

- 1. Describe your training and experience in finance, facilities, and/or construction. (Attach additional pages or resume, if needed.) _____

Please Answer the Following Questions:

- 1. How long have you been a resident within the College District? _____ Years _____ Months
- 2. Do you have any family members who now attend (or have attended) one of the COS campuses or educational centers? ___ Yes ___ No Which campuses or centers:

Do you know of any reason, such as a potential conflict of interest, which would adversely affect your ability to serve on the Citizens’ Oversight Committee? ___ Yes ___ No If yes, please explain:

Explain why you would like to be appointed to this Committee. (Attach additional pages, if needed.)

- 3. Are you a vendor, contractor, or consultant of the College District? ___ Yes ___ No If yes, please explain: _____

- 4. Are you available to attend Committee meetings on weekdays ? ___ Yes ___ No If no, please explain:

Certificate of Applicant:

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

Signature: _____ Date: _____

Completed signed applications must be received by the President’s Office, College of the Sequoias Community College District, 915 S. Mooney Boulevard, Visalia, CA 93277 or emailed to ronb@cos.edu. Please be aware that completed applications are public records available for public review. If you have any questions, please call (559) 730-3734.