

**LAS VIRGENES UNIFIED SCHOOL DISTRICT
PROP 39
MEASURE G OVERSIGHT COMMITTEE APPLICATION**

Name: _____

Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Do you have children currently attending LVUSD schools Yes _____ No _____

If so, which school(s) do they attend: _____

Please tell us about your background:

Occupation: _____

Employer: _____

Education: _____

Please indicate which representative position you are applying for:

- Business
- Senior Group
- Parent and PFA/C or PTA Participation
- Community At Large Member

Please detail your affiliations/training which qualify you for the indicated position:

Why would you like to be on the Measure G Oversight Committee?

I certify under penalty of perjury that all of the above is true and correct.

Signed _____

Date _____