

**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 \_\_\_\_\_