

Please complete and return this form to:  
 Martha Hinman  
 Executive Director of Student Services  
 Redmond School District  
 145 SE Salmon Dr.  
 Redmond OR 97756

Please print or type

**Interest for Membership  
 District Advisory Committee  
 Redmond School District 2J**

I am interested in membership with the: \_\_\_\_\_.  
 (Please read the accompanying description of the council, or committee. To find out more about the committee please contact Student Services (541) 923-5437.)

Name:		
Home Address:	City:	Zip:
Work Organization:		
Work Address:	City:	Zip:
Phone (Home):	Phone (Work):	
Fax (Home):	Fax (Work):	
Email (Home):	Email (Work):	

**My job title is (please check or indicate all that apply.)**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Teacher</b>                     | <input type="checkbox"/> <b>School administrator</b> |
| <input type="checkbox"/> <b>Specialist</b>                  | <input type="checkbox"/> <b>Parent/Family Member</b> |
| <input type="checkbox"/> <b>Nonpublic school personnel</b>  |  |
| <input type="checkbox"/> <b>Principal</b>                   |  |
| <input type="checkbox"/> <b>College/University faculty</b>  |  |
| <input type="checkbox"/> <b>Student</b>                     |  |
| <input type="checkbox"/> <b>Other (please detail below)</b> |  |

**Please describe your interest in or association with education.**

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**Please describe why you wish to be a member of this committee.**

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**Please provide two references that we may contact to assist us in verifying your information on the application.**

Business Ref. Name \_\_\_\_\_ Daytime Phone number: \_\_\_\_\_

Position: \_\_\_\_\_

Personal Ref. Name \_\_\_\_\_ Daytime Phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_

I have read the information provided describing the requirements of a member of the council, committee, or work group. I understand the requirements and will be able to carry out the responsibilities of a member of the group. I will make the District aware of any potential conflict of interest that may exist as a member of the committee of which I am a member. I also understand that my expression of interest must be considered by the District and no commitment or obligation is assumed by this expression of interest.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

You may use additional pages if you wish. No additional information is required unless indicated.