

APPLICATION FOR APPOINTMENT TO GCSD BOARD

Instructions

If you are interested in serving on the GCSD Board of Directors, please complete this application and return it to: _____

Date Due: _____

You will be advised by the district board if your appointment is confirmed. Thank you for your interest.

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DATE: _____

NAME: _____ AGE (optional): _____

RESIDENCE ADDRESS: _____

BUSINESS OR MAILING ADDRESS: _____

PHONE (DAYTIME): _____ PHONE (EVENING): _____

E-MAIL: _____

EDUCATION			
Institution	Major	Degree	Year

WORK / VOLUNTEER EXPERIENCE				
Organization	City	Position	From	To

STATEMENT OF QUALIFICATIONS:

Please briefly describe your qualifications and why you are interested in serving on the Board of Directors.

CERTIFICATION:

I certify that the information contained in this application is true and correct. I authorize the verification of the information in this application.

Signature

Date