



**South Bay Union School District  
Prop X Citizens' Oversight Committee  
Membership Application Form**

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Submit completed application **and résumé** by email to [laquirre@sgicm.com](mailto:laquirre@sgicm.com) or mail to Lourdes Whisenant, 1111 Saturn Blvd, Clrm 23, San Diego, California 92154. If you would like to elaborate on your answers, please use a separate sheet of paper and attach to application.

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Please indicate which position you would like to apply for (mark all that apply):

**Business Representative**

Association/organization: \_\_\_\_\_

**Taxpayer Representative**

Association/organization: \_\_\_\_\_

**Community-at-large Representative**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Employer Information:**

Name of Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

**Educational Background:**

College and/or University: \_\_\_\_\_

Degree/Major: \_\_\_\_\_

Vocational and/or Other Institution: \_\_\_\_\_

Certificate/Technical Training: \_\_\_\_\_

1. Have you been a member of any South Bay Union School District committees? \_\_\_ Yes \_\_\_ No If yes, in what capacity?

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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. -

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**Qualifications:**

1. Describe your training and experience in finance, facilities, and/or construction.

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2. Describe your involvement with South Bay Union School District or its schools.

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**Please Answer the Following Questions:**

1. How long have you been a resident within the District? \_\_\_\_\_ Years \_\_\_\_\_ Months

2. Do you have any children or grandchildren who now attend (or have attended) schools within South Bay Union School District? \_\_\_ Yes \_\_\_ No List Schools? \_\_\_\_\_

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3. Why you would like to be appointed to this Committee?

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4. Are you an existing, past, or potential future vendor, contractor, or consultant of the District?

\_\_\_ Yes \_\_\_ No If yes, please explain:

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5. Are you available to attend Committee meetings on weeknights? \_\_\_ Yes \_\_\_ No If no, please explain:

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**Certificate of Applicant:**

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

Signature:

Date:

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*Please be aware that completed applications are public record and are available for public review. If you have any questions, please call (619) 628-5323.*