

BANNING UNIFIED SCHOOL DISTRICT  
161 W. WILLIAMS STREET  
BANNING, CA 92220

APPLICATION FOR APPOINTMENT TO  
BOND OVERSIGHT PANEL

**Directions:** Please respond to all questions in black print or type. Please return application to Banning Unified School District Facilities Department

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

Residence: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Do you reside within the School District?  Yes  No

Are you a registered voter:  Yes  No

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

List present membership in any community service or civic organization:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been a member of any Banning Unified School District or school-based committee?   
Yes  No

If so, what capacity? \_\_\_\_\_  
\_\_\_\_\_

**Committee Interest:** Please explain why you want to be a member of the Banning Unified School District Bond Oversight Panel. Describe, also, the skills, talents, or experiences you would bring to the committee. You may attach an additional page, if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal References:** Please list the names of three persons (other than relatives) who have knowledge of your experience, ability, and community interest.

1) Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

3) Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Certification of Applicant:** I certify that all answers and statements in this document are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date