

APPLICATION
Bond Oversight Committee
Corbett School District

Name: _____

Address: _____

Primary phone: _____

Secondary phone: _____

Email: _____

I have lived in the Corbett School District for _____ years.

Children attending Corbett Schools, if any (please include school and grade):

Occupation: _____

Special skills or knowledge relevant to the Bond Oversight Committee:

Please list and briefly describe other committee experiences:

The Bond Oversight Committee will meet at least four times a year, likely in the afternoons or evenings, for the duration of the program. Please address your ability to attend these meetings:

Please email this completed form by 4:00PM Thursday, December 10, to Dan Wold at:

dwold@corbett.k12.or.us