

Please complete and return this form via email to aortega@azusa.org by 5:00pm on Tuesday, October 11, 2022

Applicants may attach up to three (3) additional pages that may include resume, letter of interest, and/or letters of recommendation/support.

Applications received after the closing time will not be considered.

Date:			
Last Name:	First Name:	Middle Initial:	
Home Address:		Phone:	
Email:			
Please check the Board Vacancy Trus	stee Area for which you are ap	pplying:	
Trustee Area 1:			
Are you a resident of Trustee Area 1? Yes No			
Are you a citizen of the state? Yes	s No		
Are you 18 years of age or older?	Yes No		
Are you a registered voter? Yes	No		
Occupation_	Emp	lover	
Number of years residing within AUSE	D boundaries:	<u> </u>	
Do you have children attending AUSD	schools? Yes	No 🗌	
If yes, what schools?			

1.	Please share any prior experience you have	e serving on a governing board, specifically a school.
2.	Please list any school committees or school five (5) years?	activities you have participated in within the past
3.	Describe any other community or business Describe your role and whether your work	
4.	Please describe why you would like to be ar would be a great addition to the AUSD Boa	AUSD school Board Member? Why do you believe you rd of Education?
	ning below, I certify that I am not disqualig	fied by the Constitution or laws of the state from
	Signature	Date