

**Washougal School District 112-06
Board of Directors**

APPLICATION to fill unexpired term for District #3

Term Ends: December 31, 2017

Applications Due: October 16, 2015 by 4:00 p.m.

Applications may be mailed or delivered in person to the Washougal School District Office:
4855 Evergreen Way, Washougal, WA 98671. For more information, please contact
Superintendent Mike Stromme at 360-954-3005.

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

QUALIFICATIONS

1. Why do you wish to be appointed to the Board of Directors? _____

2. What specific skills, knowledge or experience do you have which will help the district fulfill its responsibilities? _____

3. What strengths and weaknesses do you see in the district? _____

4. How have you participated in the Washougal School District previously? _____

5. List professional, school/community organizations and/or other volunteer activities:

REQUIRED NOTIFICATIONS

1. Do you have any personal or physical restrictions that may require special accommodations for you to fulfill the normal requirements of this position?
 ___ Yes ___ No If yes, please explain: _____

2. Have you ever been convicted of any offense that involves any form of violence against or abuse of children, such as but not limited to, rape, child abuse, child molestation or child pornography? ___ Yes ___ No
 If yes, please explain nature, place and date of offense: _____

3. Excluding minor traffic violations, have you (within the past seven years) been convicted of any other offense? ___ Yes ___ No
 If yes, please explain nature, place and date of offense: _____

4. Are you a United States citizen? ___ Yes ___ No

EDUCATIONAL TRAINING

	Name of School	Location	Dates Inclusive	Degree or Diploma	Major	Minor
High School						
College or University						
Graduate Study						

WORK EXPERIENCE (Include military experience)

Date From/To	Name and Address of Employer	Type of Work	Reason for leaving

REFERENCES (List references who have first-hand knowledge of your character, personality and ability.)

Name	Position	Address

I authorize Washougal School District to investigate my personal, educational, vocational and employment history. I further authorize any former employer, person, firm, corporation, education or vocational institution, or government agency to provide Washougal School District with my personal information. I hereby release and discharge Washougal School District and those who provide information from any and all liability as a result of furnishing and receiving this information. I also agree that falsification of any part of this application or attachments shall be sufficient cause for rejection. References and personal information that become a part of this application will be regarded as confidential and shall not be revealed to me.

I understand the District may also submit my name and related disclosure information to the Washington State Patrol (WSP) and the Federal Bureau of Investigations (FBI) for a background check.

If appointed to a position on the Board of Directors, I agree to serve within the framework of the policies of the school district and to abide by the directors' code of ethics.

Signature of Applicant: _____ Date: _____