



## Application for Citizens' Bond Oversight Committee

I am interested in serving on the Citizens' Bond Oversight Committee (CBOC) for the following:

- SFID #2 Measure C** (Coalinga College)  
(Citizens living within the boundaries of SFID #2 (Coalinga Area) are welcome to apply)

Name:

Email:

Home Address / City / Zip:

Contact Phone Number(s):

Employer:

Employer Address / City / Zip:

Employer Phone Number:

I can represent the following constituencies (check all that apply):

- Business Representative** – Active in a business organization representing the business community located within the boundaries of the specified CBOC  
Name of organization:
- Senior Citizen Group Representative** – Active member in a senior citizens' organization  
Name of organization:
- Taxpayer Organization Member** - Active in a bona fide taxpayer's association  
Name of organization:
- Student** – Currently enrolled in the District and active in a college club or group  
College Club or Group(s):
- Member of College Support Organization** – Active in the support and organization of the District (i.e. West Hills Community College Foundation, Boosters, etc.)  
Name of organization:
- At Large Community Member** – Resident of the area within the boundaries of the specified

CBOC Please list your current affiliate organizations and/or community group memberships:

Please describe your interest in serving on the Citizens' Bond Oversight Committee and what specific experience you have that may be helpful:

I am applying to serve on the Citizens' Bond Oversight Committee. I have read the Bylaws and the conflict-of-interest information in the Ethics Policy Statement and I do not have a conflict of interest that would prevent me from serving on the committee. I agree to report such conflicts to the committee chair and district administration should any arise. I understand that this position is a community service, unpaid, volunteer position. I certify that I am not an employee, vendor, contractor, consultant, or official of the West Hills Community College District.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print and sign this application and submit to:

West Hills Community College District  
Attention: Chancellor's Office  
275 Phelps Avenue – Coalinga, CA 93210  
Office (559) 934-2102 Fax (559) 934-2810  
Email: alexandrawitt@whccd.edu