



Bond Program Oversight Committee Membership Application Form

1. Applicant's Name:		2. Employer's Name:	
Home Address:		Employer's Address:	
City/State/Zip:		City/State/Zip:	
Phone:	Fax:	Title/Position:	
Email:		3. Industry:	
Place of Birth (City/State):	Date of Birth:	4. Summary of Work Experience: (Please use last page if more space is needed)	

5. Education:		
School	Years Attended	Degree

6. Volunteer, Civic, Professional, & Other Activities:
Please list any volunteer service organizations, clubs or professional societies of which you are a member, as well as any titles you may have held. Please include committee and advisory boards.

Organization/Committee	Years of Service	Position

7. Are you or any member of your household currently or have you or any member of your household ever been party to litigation involving HISD? Yes No

8. Character Information:

Yes No Are you presently under indictment, on parole or probation?

Yes No Have you ever been charged with or arrested for any criminal offense other than a minor motor vehicle violation (including offenses that have been dismissed or discharged)?

Yes No Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation (including judgments withheld pending probation for any criminal offense other than a minor motor vehicle violation)?

9. If you answered "yes" to any part of questions 7 or 8, please explain: (You may be asked to provide additional information/documentation at a later date)

10. Reason for Serving:

Explain why you want to serve on this committee, and include any particular potential contribution your selection would bring. Describe any additional knowledge skill, education, or experience you have which would assist you in the duties of this committee.

11. Miscellaneous:

Is there any other information that you feel is important to disclose or that you would like to share in considering your application?

12. Significant Accomplishments/Awards:

Please use this section to highlight any significant accomplishments and/or awards you would like to share in considering your application.

13. References:

List names, addresses, and telephone numbers of at least three persons who are qualified to comment on your qualifications and of whom inquiry may be made by the Houston Independent School District.

Name	Address	Telephone	Email Address

I understand that I am applying for membership to the Houston Independent School District (HISD) Bond Program Oversight Committee and that the information I provide may be verified by HISD and used to help determine my eligibility for committee membership. Furthermore, I attest that I have read and understand the Bond Program Oversight Committee Charter, meet the requirements for membership on the committee, and agree to abide by its terms and conditions should I be appointed to the committee. I hereby certify that the information provided in this form is true and accurate.

Signature:

Date:

Printed Name:

Additional Space: (Please preface your response with the corresponding number)