

BELLBROOK-SUGARCREEK SCHOOLS

"Soaring Toward Excellence"

APPLICATION FOR MEMBER OF BOARD OF EDUCATION

Name (First, Middle, Last):Address:City/State/Zip Code:Cell Phone:Occupation:Occupation:Current Place of Employment:

Employment History: (List most recent position first)

Date(s)	Position(s)	Organization

Education:

School Name	Major/Course	Dates	Degree

Civic or Professional Organization Memberships:

References:

Name	Address	Phone

Are you 18 years or older? Yes No Are you a registered voter in the school district? Yes No						
Have you ever been arrested for or convicted of a felony? Yes No						
If yes, please explain:						
Do you have children of school age?	Yes No					
Do your children attend our schools?	Yes No					
Is any member of your immediate family an employee of the school system? Yes No						
If yes, whom?	(name)	(position)				