

SAN RAFAEL CITY SCHOOLS
(San Rafael City Elementary District / San Rafael City High School District)
APPLICATION FOR INDEPENDENT CITIZENS' OVERSIGHT COMMITTEE

(Please Print or Type)

Name: _____

Carol Farrer

Address: _____

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San Rafael CA 94901

Home Phone: _____

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415 473-4378

FAX #: _____

E-Mail: _____

carolfarrer@comcast.net

Why do you want to serve on the Measure A and Measure B Independent Citizens' Oversight Committee?

Ensure that bond proceeds are expended pursuant to the dictates of the bond measures and the priorities established by site facility committees.

Do you have any special area of expertise or experience that you think would be helpful to the committee?

Legal background - public defender

If you have served on other school district, city or community committees please list and briefly describe your role:

- Previous bond oversight committee member
- All bond & parcel tax funding measure committees
- Site, district committee for leadership & fundraising
- Schools Rule executive committee
- Heads Up Foundation executive committee
- SARB board member, Marin County Office of Education

I would be able to represent the following constituencies in the District: (check all that apply)

- ☐ **Business Representative** - Active in a business organization representing local business
Organization: _____
- ☐ **Senior Citizen Group Representative** - Active member in a senior citizens' organization.
Organization: _____
- ☐ **Taxpayer Organization Member** - Active in a bona fide taxpayers' association.
Organization: _____
- ☐ **Parent or Guardian of Child Enrolled in District.**
Child's Name and School: _____
Child's Name and School: _____
- ☐ **Parent /Guardian of Child Enrolled in District & Active in a Parent-Teacher Organization**
Child's Name and School: _____
Child's Name and School: _____
Organization: _____
- ☒ **At-Large Community Member** - Resident of San Rafael City Schools.

Please note any additional information you feel should be considered as part of your application:

Employee, County of Marin Public Defender's Office

1. Are you an employee of the District?*
2. Are you a vendor, contractor, or consultant to the school district?*
3. Do you have conflicts that would preclude your attending quarterly meetings?
4. Do you know of any reason, such as a potential conflict of interest, which would adversely affect your ability to serve on the Independent Citizens' Oversight Committee?*
5. Are you willing to comply with the ethics code included in the bylaws?

YES	NO
	✓
	✓
	✓
	✓
	✓

(*Employees, vendors, contractors, and consultants of either the San Rafael City Elementary District and the San Rafael City High School District are prohibited by law from being members of the Citizens' Oversight Committee. Employment which could result in becoming a contractor or subcontractor to the district would also be a potential conflict.)

Signature of Applicant

All answers and statements in this document are true and complete to the best of my knowledge.

Signature _____

Date

3/23/16

Completed applications must be received in the
Superintendent's Office of San Rafael City Schools
310 Nova Albion Way, San Rafael, CA 94903

no later than at 4:00 pm, March 2, 2016. If you have any questions, please call San Rafael City Schools at 415-492-3233

It is the policy of San Rafael City Schools not to unlawfully discriminate on the basis of sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, color, religion, marital status, age or mental or physical disability in the educational programs or activities which it operates.