

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

As a parent of two students of the District I am personally interested and invested in the successful outcome of these measures. This is a critical opportunity to raise the quality of facilities for all students in the District. I am interested in the expenditures being transparent and fair. I am not working outside the home at this time and have some bandwidth to dedicate my skills and perspective to this endeavor. It would be an honor to contribute to my community through this service.

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

I worked for the City + County of San Francisco for 11 years, as a project manager in different departments. I value and appreciate the importance of securing + maintaining the public's trust with respect to the expenditures of bond funds. I was the CEO of a non-profit. I have served on the board of two non-profits, including being the Board President of one. I have experience in public engagement + outreach.

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

I am currently participating in a MCOE ad hoc committee led by the SELPA Director looking at facility recommendations. I serve as a parent advisor.

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: Liam McClellan, Menwood Elementary
Child's Name and School: Mason McClellan, Cypress (IEP placement)
- ☐ **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:

I voted for Measures A+B and am interested in their
successful implementation.

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 *Liam McClellan* Date 2/29/16

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.