

Bald Eagle Area Board of Education

Board Vacancy Application Form

NAME: _____

ADDRESS: _____

HOME TELEPHONE NUMBER: _____ CELL: _____

EMAIL ADDRESS: _____

Do you currently have children in the Bald Eagle Area School District? _____ YES _____ NO

Have you ever had children enrolled in the Bald Eagle Area School District? _____ YES _____ NO

Have you served on any district/school committees or participated in any district-sponsored activities? _____ YES _____ NO If YES, please list: _____

Are you involved in any community activities or service organizations? _____ YES _____ NO

If YES, please list: _____

1. The Board of Education meets the second Thursday of each month, with the exception of December, when the Board meets the first Thursday of the month. Work Sessions begin at 6:00 p.m. and Regular Meetings begin at 7:00 p.m. on those days. (On occasion, there are minor variations to this schedule.) Will you be able to attend nearly all of the scheduled meetings?
_____YES _____NO

2. What are your main three reasons for desiring appointment to the Bald Eagle Area Board of Education?

(1)

(2)

(3)

3. What do you feel will be the most significant accomplishment you can make as a Board Member?

4. Would you be willing to run for this position in the May/November elections?
_____YES _____NO

Signature

Date