



New Hope School District

"Excellence in Education for Children"

P.O. BOX 238
THORNTON, CALIFORNIA 95686

26675 NORTH SACRAMENTO BOULEVARD
Phone: (209) 794-2376 Fax: (209) 794-2230

www.nhesd.net

APPLICATION FOR MEMBER BOARD OF EDUCATION

Name (First, Middle, Last): _____

Address: _____

City/State/Zip Code: _____

Home Phone: _____

Work Phone: _____

Occupation: _____

Current Place of Employment: _____

Employment History: (List most recent position first)

Dates	Position	Organization

Education:

School Name	Major/Course of Study	Dates	Degree

Civic or Professional Memberships:

References:

Name	Address	Phone

Briefly State your experience that you feel would be helpful for the category for which you are applying:

Are you 18 years or older? ☐ YES ☐ NO

Are you a registered voter in the school district? ☐ YES ☐ NO

Have you ever been arrested or convicted of a felony? ☐ YES ☐ NO

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

Signature of Applicant

Date