

**ELLSWORTH SCHOOL DEPARTMENT
Student School Board Application**

NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

Please provide a written response to the following question:

Why are you interested in serving on the Ellsworth School Department School Board and how do you think your membership will benefit students attending Ellsworth schools?

Please attach a letter of support from a faculty member or a resident of your community. Return this application and supporting materials to the Superintendent of School’s office no later than 2:30 PM on the first Monday of May.

- I understand that being a non-voting member of the Ellsworth School Board entails a commitment to attend all Board meetings and assigned standing committee meetings.
- I understand that Board meetings are generally held at 6:30 PM on the second Tuesday of each month.
- I understand that my term begins on July 1st of the year of election and ends at the end of that school year.
- I understand that my role as student representative to the School Board will be to represent the students attending Ellsworth Schools and seek their input as the Board deals with issues that pertain to students.
- I understand that I will need to report back to the student body what has transpired at the various meetings I attend.
- I have read and agree to complete Freedom of Access to Information training as required by Maine law.
- I agree to adhere to and abide by all Ellsworth School Department policies and regulations, including the School Board Code of Ethics and Ellsworth High School policies and rules.
- My parent/legal guardian grants me permission to serve as a student representative to the School Board.

Signature

Date

Signature of Parent or Legal Guardian

Date

If selected as one of the finalists, the candidate will be called for an interview.

The Ellsworth School Department appreciates your willingness to assist in the process of screening student representative candidates to serve on the School Board. To preserve integrity in this process it is important to maintain strict confidentiality. Therefore, we ask you to acknowledge that you are prohibited from discussing information about any candidate now or at any time in the future.

Again, thank you for your assistance.

I understand and pledge to honor the strict requirement to maintain confidentiality regarding applicant information.

Signature: _____ Date: _____

Signature: _____ Date: _____
(Superintendent of schools)

This document is to be retained along with applications in the Superintendent's office for three years.

July 14, 2015