

Dated: September 15, 2014

004-AR-2. MEMBERSHIP – BOARD OF SCHOOL DIRECTORS APPLICATION FORM

BOARD OF SCHOOL DIRECTORS APPLICATION FORM

Name: _____

Address: _____

Home Number: _____

Office Number: _____

Cell Number: _____

Email Address: _____

Do you currently have children in the Sharon City School District? ☐ Yes ☐ No

Have you ever had children enrolled in the Sharon City School District? ☐ Yes ☐ No

Have you served on any District/school committees or participated in any District-sponsored activities? ☐ No ☐ Yes If yes, please list:

Are you involved in any community activities or service organizations? ☐ No ☐ Yes
If yes, please list:

What qualities, talents, or experience would you bring to the Board?

Signature

Date