

McMINNVILLE SCHOOL DISTRICT BOARD OF DIRECTORS

APPLICATION

NAME: _____ TELEPHONE (HM) _____

ADDRESS: _____ TELEPHONE (WK) _____

AGES SCHOOL-AGE CHILDREN: _____ ELEM ATTENDANCE AREA: _____

1. How long have you lived in the McMinnville School District? _____
2. In what school related or community activities have you been involved?
3. Please indicate other background information relevant to filing the Board position for which you are applying.
4. Describe your beliefs about public education.
5. What are the major issues you feel are facing public schools in Oregon?
6. Why do you want to serve on the School Board?

Signature

Date