

**OAKLAND SCHOOL DISTRICT #1
BOARD MEMBER**

Name: _____ Date: _____

Home Address: _____

Mailing Address: _____

Phone Numbers: _____ Work: _____ Employer: _____

I have been a resident of the Oakland School District for _____ years.

Are you a registered voter of the Oakland School District? YES / NO

How have you been involved in the district in the past? (Ex: P.T.O, Budget Committee, Student, Parent, Classroom Volunteer, etc.) _____

What one thing would you not want to see changed in the District? _____

What one thing would you like to see changed and how would you change it: ?

What special abilities, experiences, skills or viewpoints would you bring to the board ?

Please return to:

Oakland School District (Admin Office)499 NE Spruce St,/ PO B0x 390 Oakland, OR 97462