



**Vigo County School Corporation  
Bond Oversight Committee  
Membership Application Form**

<b>Applicant's Name:</b>	<b>Employer's Name</b>
<b>Home Address:</b>	<b>Employer's Address:</b>
<b>City/State/Zip:</b>	<b>City/State/Zip:</b>
<b>Phone:</b> <b>Fax:</b>	<b>Title/Position:</b>
<b>Email:</b>	<b>Industry:</b>
<b>Place of Birth (City/State):</b>	<b>Summary of Work Experience</b> <small>(Please use last page if more space is need)</small>

<b>Education:</b>		
<b>School</b>	<b>Years Attended</b>	<b>Degree</b>

**Volunteer, Civic, Professional, & Other Activities:**  
Please list any volunteer service organizations, clubs or professional societies of which you are a member, as well as any titles you may have held. Please include committee and advisory boards.

<b>Organization/Committee</b>	<b>Years of Service</b>	<b>Position</b>

**Are you or any member of your household currently or have you or any member of your household ever been party to litigation involving VCSC?**  Yes  No

**Character Information:**  
 Yes  No      Have you ever been charged with or arrested for any criminal offense other than a minor motor vehicle violation (including offenses that have been dismissed or discharged)

**Reason for Serving:**

Explain why you want to serve on this committee, and include any particular potential contribution your selection would bring. Describe any additional knowledge skill, education, or experience you have which would assist you in the duties of this committee.

**Miscellaneous:**

Is there any other information that you feel is important to disclose or that you would like to share in considering your application?

**Significant Accomplishments/Awards:**

Please use this section to highlight any significant accomplishments and/or awards you would like to share in considering your application.

**References:**

List names, addresses, and telephone numbers of at least three persons who are qualified to comment on your qualifications and of whom inquiry may be made by the Vigo County School Corporation.

Name	Address	Telephone	Email Address

**I understand that I am applying for membership to the Vigo County School Corporation Bond Oversight Committee and that the information I provide may be verified by VCSC and used to help determine my eligibility for committee membership. I hereby certify that the information provided in this form is true and accurate.**

**Signature:**

**Date:**

**Printed Name**

**Additional Space:**