



HALF-CENT SALES TAX CITIZEN OVERSIGHT COMMITTEE

APPLICATION

Applications must be submitted via email to COCapplication@myoneclay.net. Please indicate Citizens Oversight Committee Application in the subject line.

Each School Board member shall review the applicants from their district and shall submit their choices for final appointment. Their choices cannot be vetoed by the Board. The School Board, meeting as a whole, shall appoint the committee as a whole. Information concerning the Committee can be found by reviewing School Board Policy 1.14 and the Citizens Oversight Committee information published on the District website.

Please type or clearly print on this application. *Inclusion of resumes and references is encouraged and such should be attached with the completed application.* Adobe PDF format is requested for submitting the application package.

These applications are public record and available for public review upon submission.

Please complete all sections of the next two pages. To include any information beyond what will fit in the spaces provided, please reference such additions by annotating both the respective section of the application and attached additional information page(s). Circle appropriate "Yes" or "No" response to any questions. Mark all applicable check boxes.

Please note: The Citizens Oversight Committee has an oversight role for the sales surtax adopted by the voters in November 2020. This role is expected to continue through December 2051 (until all funds are expended).





HALF-CENT SALES TAX CITIZEN OVERSIGHT COMMITTEE APPLICATION

PERSONAL INFORMATION *(please print)*

LAST NAME _____ FIRST NAME _____

RESIDENCE ADDRESS *(include mailing address if different)*

(street) _____ (city) _____ (state) _____ (zip code) _____

MAILING ADDRESS _____

PRIMARY PHONE _____ SECONDARY PHONE *(cell or land)* _____

PRIMARY EMAIL _____

Do you have any children in Clay County District Schools? (YES) (NO)

Have you ever been convicted of a felony? (YES) (NO)

Are you currently affiliated with Clay County District Schools? (YES) (NO)

OCCUPATION / WORK HISTORY

Check all that apply:

RETIRED	EMPLOYED	UNEMPLOYED	MILITARY	OTHER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMPANY / CITY, STATE	JOB TITLE	DUTY SUMMARY - LIST ALL RELEVANT HISTORY

COMMUNITY ACTIVITIES

If you have been a member of a county, municipal, board or school board, commission, or committee, please list the following:

BOARD, COMMISSION, OR COMMITTEE NAME:	DATES





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COMMUNITY ACTIVITIES – CONTINUED

Please list current and past civic, fraternal, volunteer and non-profit organizations in which you are or have been active:

ORGANIZATION NAME:	DATES

COMMITTEE INTEREST

Add additional attachments to this application, as needed.

Please provide a brief statement indicating why you wish to serve on the Committee and how you can contribute.

[Empty text box for statement]

After reading the Committee School Board Policy and associated information, summarize your qualifications for selection; include education, training, experience, licenses, etc. Submission of a resume and references are encouraged.

[Empty text box for qualifications]

Resume Attached? (YES) (NO)

References Attached? (YES) (NO)

By checking this box I hereby certify that:

- All information in this application is complete, truthful, and accurate to the best of my knowledge.
- I may be subject to a background check (at no cost to me) and, additionally, authorize that background check.
- If I am selected for the Committee, I understand that it is my responsibility to notify the Committee Chairman of any changes that would affect my membership on the committee.
- I recognize Committee membership requires my attendance at meetings and/or events which will be held, at a minimum, quarterly. I am willing and able to make this commitment of time and effort to serve.
- I understand that the Public Records Act, (FL Statute 119), allows for public review of this application.
- If appointed, I understand that I will be required to file a Conflict of Interest Statement.

PRINT NAME

SIGNATURE

DATE

