



**MURRIETA VALLEY**  
UNIFIED SCHOOL DISTRICT

**MEASURE BB**

**Citizens' Oversight Committee  
For  
Murrieta Valley Unified School District**

**Application for Appointment**

**Name:** \_\_\_\_\_

## **ABOUT MEASURE BB:**

Measure BB is a \$98 million bond measure that will assist the district in completing the next level of upgrades to Murrieta Valley Unified School District education technology and school facilities.

## **ROLE OF OVERSIGHT COMMITTEE:**

Composition: Consists of at least seven members

- One member active in business organization
- One member active in senior citizen's organization
- One member who is a parent or guardian of child enrolled in the school district
- One member who is both a parent or guardian of a child enrolled in the school district and active in a parent-teacher organization
- One member who is active in a bona fide tax payers organization
- Two at large members

In addition to the above minimum requirements, the Committee may include additional members.

Purpose

- Review and report on proper expenditures
- Advise public on compliance
- Ensure bond revenues are expended for technology and equipment improvements to support 21<sup>st</sup> century learning; building system and facility renovations, upgrades and repairs, and a new elementary school
- Ensure no funds are used for teacher or administrative salaries or other school operating expenses

Activities

- Review annual independent performance and financial audits
- Inspect school facilities and grounds ensuring bond expenditure compliance
- Review efforts by school district to maximize bond revenues by implementing cost savings measures

## MEMBERSHIP APPLICATION

State law requires certain persons to be represented on the Citizens' Oversight Committee. Please indicate the Committee designation(s) for which you are qualified:

Please check one of the following:

<input type="checkbox"/>	Business Representative	Company Name:
<input type="checkbox"/>	Active Member of Senior Citizen Group	Group Name:
<input type="checkbox"/>	Member of Taxpayer Organization	Organization Name:
<input type="checkbox"/>	Parent of MVUSD Student(s)	Students Name/School:
<input type="checkbox"/>	At-large Community Member	
<input type="checkbox"/>	Active PTA/PTO in MVUSD	Name of Organization

### General Information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ E-mail \_\_\_\_\_

### Employer Information

Name of Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_ E-mail \_\_\_\_\_

### Education Background (Response Optional)

College and/or University: \_\_\_\_\_

Degree/Major: \_\_\_\_\_

**Additional Information**

Have you been a member of any Murrieta Valley Unified School District school-based or District Committees?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If so, in what capacity? \_\_\_\_\_

Are you or have you ever been employed by Murrieta Valley Unified School District?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain:

---

List present or past membership in any community service (e.g., volunteer, civic or youth) organizations.

---

---

List participation in professional seminars, workshops, or organizations.

---

---

**Qualifications**

Describe your skills, training, and experiences in finance, facilities, and/or construction. (You may attach an additional page or resume if needed.)

---

---

Please answer the following questions:

1. How long have you been a resident within the Murrieta Valley Unified School District? \_\_\_\_\_years  
\_\_\_\_\_months
2. Do you have any children or grandchildren who now attend (or have attended) Murrieta Valley Unified School District schools? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Comments: \_\_\_\_\_
3. Do you know of any reason such as a potential conflict of interest, which would adversely affect your ability to serve on the Measure BB Citizens' Oversight Committee? \_\_\_\_\_Yes \_\_\_\_\_ No
4. Explain why you would like to be appointed to this Committee. (You may attach pages if needed.)

---

---

**Personal References:**

List references who have knowledge of your character, experience, and abilities. Do not include names of relatives. (You may attach letter of reference from those listed if you wish)

Name/Address/Phone/Business/Occupation

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Certificate of Applicant:**

All answers and statements in this document are true and complete to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed applications should be sent to:

Murrieta Valley Unified School District, Attn: Tami Slagill, 41870 Court, Murrieta, CA 92562,  
or email to [tslagill@murrieta.k12.ca.us](mailto:tslagill@murrieta.k12.ca.us).

If you have any questions please call Tami Slagill, (951) 696-1600 ext. 1181 or email at [tslagill@murrieta.k12.ca.us](mailto:tslagill@murrieta.k12.ca.us).