



Candidate Information Sheet for Greater Albany Public School District Budget Committee

Name: _____ Date: _____
 Last First Initial

Home address: _____

Home telephone: _____

Cell telephone: _____

Work telephone: _____

Email Address: _____

Occupation: _____

Number of years you have resided in Greater Albany Public School District: _____

Do you meet the following qualifications: (Please answer yes or no)

1. Do you live in the district? _____
2. Are you an officer, agent or employee of the district? _____
3. Are you a registered voter? _____

Do you have children in the Greater Albany Public School District? _____

If so, what schools do/did they attend? _____

For what reason(s) do you desire to be a member of the Budget Committee? _____

Have you worked on any school committees? _____

If so, which committees? _____

Please list any other involvement you have had with the school district: _____

Other community and business activities: _____

What qualifications do you have that will help you to be a member of the Budget Committee? _____

Signature _____

Please submit completed applications via mail to the Greater Albany School District, 718 Seventh Avenue SW, Albany, OR 97321; or email to jim.haggart@albany.k12.or.us