

**FERNDALE SCHOOL DISTRICT  
BOND COMMUNITY OVERSIGHT COMMITTEE  
APPLICATION**

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

Street Address: \_\_\_\_\_

Is your primary residence within Ferndale School District boundaries? \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone Numbers – Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email address: \_\_\_\_\_

Occupation (if retired, state former occupation): \_\_\_\_\_

Employer: \_\_\_\_\_

Does your employer work for and/or contract with the City of Ferndale or Ferndale School District? If YES, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you or your spouse: 1) employed by the Ferndale School District; 2) employed by the City of Ferndale or 3) an elected official for the Ferndale School Board or the City of Ferndale? If YES, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please provide two local references along with their phone number or email address.

1. \_\_\_\_\_

2. \_\_\_\_\_

**Please include your resume with your completed application.**

*Feel free to provide the requested information below on a separate page attached to this application.*

Why do you want to serve on the Community Oversight Committee? \_\_\_\_\_

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What relevant experience do you believe you will bring to the committee? \_\_\_\_\_

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What do you feel is the most important role/function of the Community Oversight Committee? \_\_\_\_\_

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The Community Oversight Committee's work may span three years. Do anticipate anything that may prevent you from serving over that time frame? \_\_\_\_\_

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

**You may submit your completed application by:**

- **Drop off – Ferndale School District Attention: Bond Oversight Committee**
- **Mail – PO Box 698, Ferndale WA 98248**
- **Email – [riley.cornelsen@ferndalesd.org](mailto:riley.cornelsen@ferndalesd.org)**