

CANDIDATE APPLICATION FOR TRUSTEE AREA #2

For

Salinas Union High School District

Please complete and return by 5:00 pm on Friday, March 22, 2024 to the Office of the Superintendent.

Date: _____

(Last Name)

(First Name)

(Initial)

Business Address: _____ Phone: _____

Home Address: _____ Phone: _____

E-mail: _____

Occupation: _____ No. of Years Residing in District: _____

Do you have or have had children in the district's schools? Yes _____ No _____

If yes, ages and schools are:

Have you worked on any school committees or participated in any school activities recently? Please list them.

Describe any other community or business activities in which you have participated. Describe your role, and whether your work was volunteer or employment-related

Why do you want to be a school board member?

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What do you see as the basic purpose of the public schools?

What is the role of the school board in the fulfillment of that purpose?

How does the board's role differ from that of the superintendent?

What should be the relationship between the board members and the administration in the handling of school concerns?

Briefly describe your commitment to public education and our local school district

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What do you see as the strengths of the school district?

What do you see as the areas most needing improvement in the school district?

I _____ swear that I am a legal resident of Trustee
(PRINT NAME)

Area #2 of the Salinas Union High School District, 18 years of age or older, a citizen of the State of California, a registered voter, and not legally disqualified from holding civil office. (Ed Code 35107)

Signature

Date