

## WEST CLERMONT LOCAL SCHOOL DISTRICT

4350 Aicholtz Road, Suite 220 Cincinnati, OH 45245 Natasha L. Adams – Superintendent Daniel M. Romano III - Treasurer

## APPLICATION FOR MEMBER OF BOARD OF EDUCATION

Name (First, Middle, La	st):	
Street Address:		
City/State/Zip Code:		
Home Phone:		
Occupation:		
Current Place of Employ	/ment:	
	(List most recent position first)	
Dates	Position	Organization

School Name	Major Course	Dates	Degree
: D f: 1 O			
vic or Professional Orgai	nization Memberships:		
eferences:			
ferences:	Addro	ess	Phone Number
	Addre	ess	Phone Number
	Addre	ess	Phone Number
	Addre	ess	Phone Number
	Addre	ess	Phone Number
	Addre	ess	Phone Number
	Addr	ess	Phone Number
	Addre	ess	Phone Number
	Addre	ess	Phone Number
	Addr	ess	Phone Number
Name		ess	Phone Number
Name re you 18 years or older?	YesNo		Phone Number
re you 18 years or older?re you a registered voter in	Yes No Yes Yes	No	
Name  e you 18 years or older? e you a registered voter in the you ever been arrested	YesNo the school district?Yes for, or convicted of, a felony?	No YesN	No
re you 18 years or older? _ re you a registered voter in ave you ever been arrested by you have children of scho	YesNo the school district?Yes for, or convicted of, a felony?	No YesN Attending our D	No istrict? Yes N

Why are you interested in this position?	
What qualities and characteristics do you possess that wo	alld make you an asset to the Roard?
What qualities and enaracteristics do you possess that wo	are make you an asset to the Board.
Signature of Applicant	Date