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## Candidate Information Sheet for Greater Albany Public School District 8J Budget Committee

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
                    Last                                      First                                      Initial

Business address: \_\_\_\_\_

Business telephone: \_\_\_\_\_

Home address: \_\_\_\_\_

Home telephone: \_\_\_\_\_

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 they attend? \_\_\_\_\_

For what reason(s) do you desire to be a member of the budget committee? \_\_\_\_\_

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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 \_\_\_\_\_

Date \_\_\_\_\_