CRESWELL SCHOOL DISTRICT

998 West A Street • Creswell, Oregon 97426

CRESWELL SCHOOL DISTRICT BOARD OF DIRECTORS

APPLICATION FORM

Dear Applicant:

Thank you for considering a Board position with the Creswell School District. Please complete this application fully. Your application may not be considered if it is incomplete or if you have failed to submit the requested information. Your completed application and any supporting documentation must be submitted by the posted date and time.

(Last)	(First)	(Middle)
treet Address:		
City:	State:	Zip Code:
Mailing Address (if different th	an above):	
City:	State:	Zip Code:
Voter Precinct:		
Home Phone:	Cell	Phone:
Email Address:		

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"Preparing Students for Success"

What types of goals or areas would you identify to be strengthened for the Creswell School District during the upcoming year?			
Please list areas of your background that wou	ald contribute to being an effective board member.		
Additional comments:			
Additional comments.			
Applicant Signature	Date		