## SILETZ VALLEY SCHOOL BOARD OF DIRECTORS ELECTION APPLICATION

I am requesting that my name appear on the ballot for the May 2024 election for the Siletz Valley School Board of Directors. I certify that I reside within Lincoln County, Oregon.

This application may be personally delivered to the Siletz Valley School office or mailed to:

Siletz Valley School Attn: Board Elections PO Box 247 Siletz, OR 97380

Applications must be received by <u>4:00 pm on Thursday, April 25, 2024</u>	to be included in the
ballot. Late applications will not be accepted.	

Name:	Date:	
Physical Address:		
Mailing Address:		
Telephone Number:	Email:	
Please list 3 personal references that	t can be reached by phone:	
1	Phone:	
2	Phone:	
3	Phone:	
Please provide a 100 to 200-word st	atement of your interest, experience and h	how you

plan to contribute to the school, students, staff and community in serving on the Siletz

Valley School board. Also, please attach a small picture of yourself. (Photo may be emailed as an attachment to: jnapoleon@siletzvalleyschools.org)


(Attach another page if you need more space)

I certify that all the information I have provided is correct to the best of my knowledge. I

authorize the school to contact the references I have provided. If elected, I authorize

the school to conduct a criminal background check verification.

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

(\*Note: Your application will NOT be accepted if it is not complete with a photo, signed and dated.)