

**SAUGUS UNION SCHOOL DISTRICT
MEASURE EE**

**Citizens' Oversight Committee
Application for Appointment
Term: 2025-2027**

The purpose of the oversight committee shall be to inform the public at least annually in a written report, concerning the expenditures of the Measure EE projects. The Committee meets four times a year to review expenditures and discuss progress on Measure EE projects.

Name: _____

Certificate of Applicant:

[Citizens' Oversight Policy and Regulations](#)

☐ By checking this box, I acknowledge I have read the Citizen's Oversight Policy and Regulations.

All answers and statements provided in this document are true and complete to the best of my knowledge and belief.

Signature: _____

Date: _____

Completed signed applications must be received by Friday, **February 20, 2026**. **Applications received after that date and time may not be considered.** Please submit Applications can be returned via email to sgibson@saugusud.org.

If you have any questions, please contact Nick Heinlein at 661-294-5300 or email at nheinlein@saugusud.org.

Please be aware that the completed Citizens' Oversight Committee Applications are public records which are available for public review. Where possible, the School District may redact personal contact information (address, phone number, email address, etc.), but the School District assumes no liability to applicants in the event such information is released.

Please indicate all Committee designation(s) for which you are qualified:

☐ **Business Representative***

Company Name _____

☐ **Active Member of Senior Citizen Group***

Group Name _____

☐ **Member of Bonafede Taxpayer Organization***

Organization Name _____

☐ **Parent of SUSD Student**

Student/School _____

☐ **At-Large Community Member**

☐ **Active PTO/PTA/Site Council – SUSD**

Name of PTO/PTA/Site Council _____

*If possible, please provide a contact person and phone number of the organization in which you are active.

Please Note: The Saugus Union School District may contact these organizations to verify your participation.

General Information:

Name: _____

Home Address: _____

Phone Number: _____ Email: _____

Employer Information:

Name of Employer: _____

Work Address: _____

Work Phone Number: _____ Email: _____

Educational Background

College and/or University: _____

Degree/Major: _____

Vocational and/or Other Institutions: _____

Certificate/Technical Training: _____

Qualifications

Describe your skills, training, and experience in the areas of finance, facilities and/or construction. (You may attach an additional page or resume, if needed):

1. Have you been a member of any School/District committees or organizations?

☐ Yes ☐ No If yes, please explain:

2. Are you, or have you, or a member of your immediate family, ever been employed by the School District?

☐ Yes ☐ No If yes, please explain:

3. List present or past membership in any community service (e.g. volunteer, civic, or youth) organizations:

4. List participation in professional seminars, workshops, or organizations:

Please answer the following questions:

1. How long have you been a resident within the Saugus Union School District?

_____ Years _____ Months

2. Do you have any children or grandchildren who now attend (or have attended) School District schools?

☐ Yes ☐ No If yes, please explain:

3. Are you a vendor, contractor, or consultant of or to the Saugus Union School District?

☐ Yes ☐ No If yes, please explain:

4. Do you know of any reason such as a potential conflict of interest, which would adversely affect your ability to serve on the Citizens' Oversight Committee?

☐ Yes ☐ No If yes, please explain:

5. Explain why you would like to be appointed to this Committee. (Attach additional pages, if needed):

6. Are you available to attend Committee meetings on weeknights?

☐ Yes ☐ No If yes, please explain:
