



HARTNELL COLLEGE
(Please Print or Type)

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APPLICATION FORM

Name: _____ Email: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____ Fax: _____

Employer: _____ Employer Phone: _____

Employer Address: _____ City: _____ Zip: _____

I can represent the following constituencies located in the Measure 7 taxing district (check all that apply):

- Business Representative ±Active in a business organization representing the business community located in the HCCD
Name of organization. _____
- Senior Citizen Group Representative ± \$FWLYH PHPEHU LQ D VHQLRU FLWL]HQV¶ RUJDQL
Name of organization. _____
- Taxpayer Organization Member ± \$FWLYH LQ D ERQD ILGH WD[SD\HUV¶ RUJDQL]DWLRC
Name of organization. _____
- Hartnell College Student ±Currently enrolled and active in a college organization
College Group(s) _____
- Member of College Support Organization ±Active in the support and org anization of the District (e.g. Hartnell College Foundation, Athletic Boosters, etc.)
Name of organization. _____
- At Large Community Member ±Resident within the boundaries of the HCCD

Current affiliate organizations and/or community group memberships:

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have that may be helpful XVH DGGLWLRQDO VKHHW LI QHFHVVDU\ :

, DP DSSO\LQJ WR VHUYH RQ WKH &LWL]HQV¶ %RQG 2YHUVLJKV & RPPLWMS Policy, KDYH
Statement and I do not have a conflict of interest that would prevent me from serving on the committee. I agree to report any such
conflicts to the committee chair and district administration should it arise. I understand that this position is a community service,
unpaid, volunteer position. I certify that I am not an employee, vendor, contractor, consultant, or official of the Hartnell Community
College District. I certify that I am a resident within the HCCD.

Signature: _____ Date: _____

Hartnell Community College District
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Email: lserrano@hartnell.edu

MEASURE T 7-H-N9B GDBOND OVERSIGHT COMMITTEE
ETHICS POLICY STATEMENT