

Park City Board of Education  
Application for Board Member Replacement

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

How long have you lived in Park City? \_\_\_\_\_

Do you currently have or have you previously had children in the Park City School District? Yes No

If yes, what are their ages and what schools are they in?

\_\_\_\_\_

Can you commit to 10+ hours/week? Yes No

Can you attend board meetings on Tuesdays at 9:00AM and/or 4:00PM? Yes No

What experience do you have with the Park City School District – what committees or organizations have you been on?

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Why do you want to be a member of the Park City Board of Education?

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Please include a resume or any additional information you would like us to consider as we review applications and interview candidates.