

# Application for Albany Unified School District Citizens' Bond Oversight Committee

If you are interested in applying for a vacancy on the Albany USD Citizens' Bond Oversight Committee, please fill out this form. Submissions are sent directly to the Superintendent and Chief Business Official to review, and candidates will be presented to the Board of Education to appoint. **Appointments will be made based on seats available as listed on the [Special Vacancy Notice](#).**

**Deadline to submit: Monday, February 3, 2025 at 12:00 p.m.**

Email \*

[REDACTED]

Your full name \*

Rhoda Rossman

Home Address: \*

[REDACTED]

City, State, Zip \*

Albany, Ca 94706

**Area Code and Telephone Number \****(please use this format: xxx-xxx-xxxx)***Primary Residence within the Albany Unified School District \****(An address outside of Albany does not automatically disqualify you)*☒ Yes☐ No**COMMITTEE MEMBERSHIP REPRESENTATION \***

The CBOC shall be composed of at least nine (9) members, who shall serve for a minimum of two years, without compensation, and for no more than three consecutive terms. The committee must include the following seats:

- One member **active in a business organization** representing the business community located within the district
- One member **active in a senior citizens' organization**
- One member **active in a bona fide taxpayer's organization**
- One member who is the **parent or guardian of a child enrolled in the district**
- One member who is **BOTH a parent or guardian of a child enrolled in the district and active in a parent-teacher organization**, such as Parent Teacher Association or School Site Council
- Four **"Public at large" community** positions.

**PLEASE INDICATE BELOW THE VACANT SEAT FOR WHICH YOU ARE APPLYING:**

- ☐ Active Member of Business organization within the district (VACANT)
- ☐ Active Member of a senior citizen's organization (VACANT)
- ☐ Active Member of a bona fide taxpayer's organization (NOT VACANT)
- ☐ Parent/Guardian of child enrolled in the district (VACANT)
- ☐ Parent/Guardian AND Active Member of Parent Teacher Association (VACANT)
- ☒ Public At Large Community Member (3 VACANT)

Business Address: \*

(if applicable to the committee seat; if not please write "N/A")

N/A

### **QUALIFICATIONS AND EXPERIENCE**

***Please list your qualifications and experience for this committee. You may attach files if necessary.*** \*

Masters of pub admin, professional muni bond analyst and investor

***Why do you want to serve on the Citizens Bond Oversight Committee?*** \*

Ensure that citizens are informed of capital expenditure efficiencies

***Any additional comments***

We have 2 children who graduated from ASD.

**CERTIFICATION - please read each item below and certify.**

I have read and understood the [Committee Ethics Policy Statement and Bylaws](#) as adopted by the Board of Education of the Albany Unified School District ("Board") and, in particular, I CERTIFY THAT:

I am not an employee, official, vendor, contractor or consultant of or to the District ("related party") and understand that should I become a related party, my membership on the Committee is immediately terminated. \*

☒ Yes, I have read and certify the above statement is true.

I understand the extent and the limitations of the Committee's responsibilities and role and that, in particular, that the Committee is not granted any powers to determine how bond funds are spent and the Committee's sole legal charge is to inform the public. \*

☒ Yes, I have read and certify the above statement is true.

I understand that the Board shall be solely responsible to make all decisions relating to how bond funds are spent, how bond projects are configured, the cost priority and timeline for completion of bond projects and all other matters in connection with the District's building and facilities programs. \*

☒ Yes, I have read and certify the above statement is true.

I understand that my term of membership on the Committee is two (2) years and that my membership may be revoked by the Board prior to the end of that term should the Board reasonably determine that I am unwilling or unable to fulfill my obligations as a member of the Committee or should I cease to qualify in the membership category for which I was appointed or for any act of malfeasance. \*

☒ Yes, I have read and certify the above statement is true.



**Affirmation:** *I verify that the above information is correct, and affirm that, in good faith, if selected to be on this Advisory Body/Committee, I intend to accept the appointment.* \*

☒ Yes, the above information is correct and I do affirm that I will accept the appointment if selected.

**Submission Date:** \*

MM DD YYYY

01 / 25 / 2025

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