

Carlinville Community Unit School District # 1

Board of Education

Brandon Little, President
Seth Roberts, Vice President
Dr. Maya Reid, Secretary
Kyle Bradley
Sam Harding
Andrew Johnson

Administrative Office

829 West Main Street
Carlinville, IL 62626
<http://www.cusd1.com>

Superintendent

Dr. Becky Schuchman
Phone 217-854-9823
Fax 217-854-2777

Treasurer

Craig Frankford

**Assistant Superintendent
of Operations & Alternative Learning**

Mr. Patrick Drew
Phone 217-854-2311
Fax 217-854-4790

Application to fill Board of Education Vacancy CCUSD #1

Date Received: _____

Method of Submission: _____

Board Review: _____

Date of Application: _____

Applicant's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

How long have you lived at your present address? _____

If less than one year, what was your previous address? _____

Primary Phone: (____) _____ Secondary Phone: (____) _____

Email: _____

List any school/community activities in which you have been involved: _____

Provide a brief description of your reasons for wanting to serve on the CUSD #1 Board: _____

List the contributions you believe you can make to school district governance: _____

"Carlinville CUSD#1 will provide a comprehensive educational program for all students in a safe environment supporting and inspiring learners of today, while fostering global leaders of tomorrow."



Do you hold any Federal, State or Local public office? **YES NO**

If **YES**, explain: _____

Do you have any financial interest, either directly in your own name or indirectly in the name of any other person, association, trust or corporation, in any contract, work, or business of CUSD #1, or in any sales or purchases of CCUSD#1? **YES NO**

If **YES**, explain: _____

Other than a traffic offense, have you ever engaged in illegal conduct, been convicted of a felony or have any outstanding criminal charges against you? **YES NO**

If **YES**, what, when and where: _____

Have you ever been determined a perpetrator of child abuse or neglect in a Department of Children and Family Services ("DCFS") report? **YES NO**

If **YES**, explain: _____

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- | | |
|--|---------------|
| • Are you 18 years of age or older? | YES NO |
| • Are you a citizen of the United States | YES NO |
| • Are you a resident of the State of Illinois | YES NO |
| • Are you a resident of CCUSD #1 | YES NO |
| • If so, on what date did your current residency in CUSD #1 begin? | _____ |
| • Are you a registered voter of CUSD #1 | YES NO |
| • Are you a child sex offender as defined in Section 11-9.3 of the Criminal Code of 2012 | YES NO |

Certification:

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies that he/she verily believes the same to be true.

Signature

Date

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