

**Sheridan School District 48J**  
**CANDIDATE INFORMATION SHEET**  
**FOR BUDGET COMMITTEE**

Please fill out and return **ASAP**, to the Sheridan School District Office, 435 S Bridge Street, Sheridan, OR 97378.

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Last Name	First Name	Initial
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Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Number of Years in District: \_\_\_\_\_

Do you have children in the school district                      Yes                      No

If yes, which schools?: \_\_\_\_\_

Have you worked on any school committees?:                      Yes                      No

If so, which committee(s):

Other community or business activities:

What qualifications do you have that will help you to be a member of the Budget Committee?

\_\_\_\_\_

Signature

\_\_\_\_\_

Date