

# OSBA Legislative Policy Committee

## CANDIDATE QUESTIONNAIRE

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

Date: 9/2/2025

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

City/Zip: \_\_\_\_\_

Business phone: \_\_\_\_\_

Residence phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

District/ESD/CC: \_\_\_\_\_

Term expires: \_\_\_\_\_ Years on board: \_\_\_\_\_

Region: \_\_\_\_\_

Position #: \_\_\_\_\_



*I certify that if elected I will faithfully serve as a member of the OSBA Legislative Policy Committee. My nomination form has been submitted to OSBA (or is attached to this document) as evidence.*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

***Be brief; please limit your responses to 50 words per question.***

1. What do you want to accomplish by serving on the Legislative Policy Committee (LPC)?
2. What leadership skills do you bring to the LPC? Give an example of a situation in which you demonstrated these skills.
3. What do you see as the two most challenging legislative issues faced by OSBA?
4. What do you see as the two most challenging legislative issues faced by your region?
5. What is your plan for communicating with boards in your region about legislative issues?

# **OSBA Legislative Policy Committee**

## **CANDIDATE PERSONAL/PROFESSIONAL RESUME**

**Work or service performed for OSBA or local district** (include committee name and if you were chair):

**Other education board positions held/dates:**

**Occupation** (Include at least the past five years):

Employers:

Dates:

**Schools attended** (Include official name of school, where and when):

High school:

College:

Degrees earned:

**Education honors and/or awards:**

**Other applicable training or education:**

**Activities, other state and local community services:**

**Hobbies/special interests:**

**Business/professional/civic group memberships; offices held and dates:**

**Additional comments:**