OSBA Legislative Policy Committee CANDIDATE QUESTIONNAIRE

Name:	Date:	
Address:		
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 docur	ment) as evidence.	
Name	Date	
Be brief; please limit your response	es 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 iss	ues faced by OSBA?	
4. What do you see as the two most challenging legislative iss	ues faced by your region?	
5. What is your plan for communicating with boards in your re	gion 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 whe High school: College: Degrees earned:	n):	
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 a	and dates:	
Additional comments:		