Three Rivers School District

Code: BBE-AR
Revised/Reviewed:

Board Member Vacancy Application

When a Board vacancy is declared, the Board will appoint a qualified person in accordance with Board policy BBE – Vacancies on the Board. To be considered for appointment, this form must be submitted to the district office by the deadline communicated by the district. Submitted applications become public records and may be disclosable upon request.

Name: _____

Motivation and Experience

Why do you want to serve on the Board?

_____
_____
_____
_____

Which experiences or perspectives will help you represent and serve all students and families?

_____
_____
_____
_____

How will you help advance the district's mission and goals?

_____
_____
_____
_____

How will you engage respectfully with individuals whose viewpoints differ from your own?

_____
_____
_____

Knowledge, Time Commitment and Governance

Availability: Board meetings, work sessions, and committee service often occur in the evenings and occasionally during the daytime. How will you balance Board obligations with other commitments?

_____

Laws applying to public entities: Briefly share any familiarity you have with Oregon public meetings and public records laws: _____
_____
_____

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Policy and Budget: What experience do you have with policy development, budgets, or strategic planning?

Student-Centered Decision-Making: How will you ensure decisions reflect student outcomes, safety, and well-being?

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This page is intended for internal and verification purposes. It is not intended to be provided to the Board or discussed at a Board meeting. Once submitted, it is a public record and may be subject to disclosure.

Contact and Personal Information

Name (as it appears on voter registration): _____

Preferred name (if different): _____

Position applying for: _____

Note: Your address is used only to verify residency within the district/zone, as required by Oregon law. Verification may be required.

Home street address (as it appears on voter registration):

_____

City: _____ State: OR

Primary phone: _____ Alternative phone: _____

Email: _____

Best way to contact you? ☐ Phone ☐ Email ☐ Text

Accessibility and Accommodations

We welcome applicants with disabilities. Do you need an accommodation to participate in interviews or meetings (e.g., ASL interpreter, materials in alternative formats, physical access, assistive technology)?

☐ No ☐ Yes (please describe): _____

Attestations (Required)

- ☐ The information I have provided is true and complete to the best of my knowledge.
- ☐ I meet the statutory eligibility for appointment: registered elector and one-year residency (ORS 332.018).
- ☐ I reside in the zone corresponding to this vacancy (ORS 332.030 and ORS 332.122).
- ☐ I am not disqualified by employee status (ORS 332.016).
- ☐ I understand the appointment duration (through June 30 after the next regular district election) (ORS 332.030(4)).

Signature: _____ Date: _____

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