



Jefferson County
School District 509J
UNITE. ENGAGE. SOAR.

School Board Student Representative INTEREST FORM

Applicant Information *(for contact purposes only - will not be published)*

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____

Please Tell Us About Yourself... *(attach a separate sheet of paper if necessary)*

Please tell us about yourself [family, community, interests, hobbies, education interests, etc]:

Why Do You Want to be a Student Representative?

Please tell us why you would like to be a student representative for JCSD 509-J:

What Would You Like to Learn While Serving as a Student Representative?

What would you like to learn while serving as a student representative?

Signature

I certify that my answers are true and complete to the best of my knowledge and appreciate your consideration for the JCSD 509-J School Board Student Representative position.

Signature: _____ Date: _____