

*Application for the Superintendent Search Screening/Interview Committee*

The Vernonia school board is asking for assistance in selecting the school district’s next superintendent. The Board will be selecting up to 15 individuals (staff and non-staff) to assist in the application screening and interview process to be held on the dates listed below. If interested, please complete the following application. If you have additional questions, please contact Ms. Barb Carr, board secretary at (503) 429-5891 ([bcarr@vernoniak12.org](mailto:bcarr@vernoniak12.org)) or Ms. Stacey Pelster, board chair at [Stacey.pelster@gmail.com](mailto:Stacey.pelster@gmail.com).

This completed/signed application must be returned to Ms. Carr by 4 pm on December 3<sup>rd</sup>, 2021. Screening committee members will be chosen by the board on December 9<sup>th</sup>, 2021. Successful applicants will be contacted by the school district by December 15<sup>th</sup>, 2021.

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Name: \_\_\_\_\_ Phone number(s): \_\_\_\_\_

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

**Email (required to be on screening committee)** \_\_\_\_\_

Category of representation (Check only one.)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> High School Administration   | <input type="checkbox"/> Middle School Administration   | <input type="checkbox"/> Elem. Administration   |
| <input type="checkbox"/> High School Licensed Staff   | <input type="checkbox"/> Middle School Licensed Staff   | <input type="checkbox"/> Elem. Licensed Staff   |
| <input type="checkbox"/> High School Classified Staff | <input type="checkbox"/> Middle School Classified Staff | <input type="checkbox"/> Elem. Classified Staff |
| <input type="checkbox"/> Parent (non-staff)           | <input type="checkbox"/> Community Member (non-staff)   |   |
| <input type="checkbox"/> District Office Staff        | <input type="checkbox"/> Other _____                    |   |

If a staff member, please indicate your assigned place of work: \_\_\_\_\_

In 25 words or less, please state your reason(s) for wanting to participate on this committee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If chosen for this committee you MUST be able to attend the following meetings...

Jan. 27<sup>th</sup> from 6:00 – 7:30 pm. \_\_\_\_\_ This meeting will be held virtually for all participants. \_\_\_\_\_

Feb 8<sup>th</sup> from 6:00 – 8:00 pm. \_\_\_ This meeting will be held virtually for screening committee members. \_\_\_

I can commit to attending these meetings. (Check one.)  Yes  No

(OPTIONAL): Feb. 24-27 T.B.D. \_\_\_\_\_ These interviews have not been scheduled yet. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Print your name.)

Signature/Date