

**APPLICATION FOR APPOINTMENT TO THE
WAEELDER INDEPENDENT SCHOOL DISTRICT OF TRUSTEES**

Please complete the following. A resume may be attached to the application. If answers need more space, please answer on another sheet of paper.

FULL NAME (First, Middle, Last): _____
PERMANENT RESIDENCE ADDRESS (Not POB): _____
PUBLIC MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PUBLIC EMAIL ADDRESS: _____ OCCUPATION: _____
DATE OF BIRTH: (month/date/year): _____ VOTER REGISTRATION VUID NUMBER: _____
TELEPHONE CONTACT INFORMATION
Home: _____ Work: _____ Cell: _____

LENGTH OF CONTINUOUS RESIDENCE AS OF DATE OF APPLICATION

IN STATE	IN Waelder ISD
Year(s):	Year(s)
Month(s):	Month(s):

BACKGROUND INFORMATION

EDUCATION:

WORK EXPERIENCE:

Special knowledge or applicable experience related to serving on the WISD Board of Trustees.

Please describe your working knowledge of the role of a school board member:

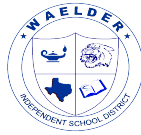
Please describe your working knowledge of school finance:

Waelder ISD Volunteer service:

External volunteer service:

Are you aware of the time & training commitment required of a trustee?

Are you or any of your relatives, current or former employees of WISD? If yes, please provide details:



Have you ever been employed by WISD? If so, when and why did you leave?

Please explain why you believe you are the best applicant for the appointment to WISD board of trustees:

Please explain what you believe is the biggest challenge facing WISD in the next 1 – 2 years:

If appointed, will you be prepared to begin serving on the board at the next regular board meeting?

If appointed, please explain your continuing commitment to the WISD Board of Trustees.: _____

SHOULD THE PERSON SELECTED TO FILL THE VACANCY, THROUGH AN APPOINTMENT, BE INTERESTED IN CONTINUING SERVICE ON THE BOARD, THEY WILL BE REQUIRED TO RUN FOR ELECTION MAY 2022 TO SERVE OUT THE REMAINING 2 YEARS OF THE 3 YEAR TERM THAT EXPIRES MAY 2024.

PLEASE PROVIDE FIVE REFERENCES WITH KNOWLEDGE OF YOUR WISD VOLUNTEER/LEADERSHIP EXPERIENCES:
(Letters of recommendation are encouraged & may be attached to this application.)

1. Name:

Phone Number:

Relationship to applicant:

2. Name:

Phone Number:

Relationship to applicant:

3. Name:

Phone Number:

Relationship to applicant:

4. Name:

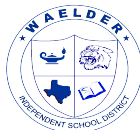
Phone Number:

Relationship to applicant:

5. Name:

Phone Number:

Relationship to applicant:



Before me, the undersigned authority, on this day personally appeared (name) _____ who being by me here and now duly sworn, upon oath says:

"I (name) _____ of Gonzales County, WISD, Texas, being considered for the office of Waelder ISD Board of Trustees, swear that I will support and defend the constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final judgement of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I further swear that the foregoing statements included in my application are in all things true and correct."

Signature of Candidate: _____ (SEAL)

Sworn to and subscribed before me at _____, this the ____ day of 2021.

Signature of Officer Administering Oath

Title of Officer Administering Oath

To be completed by Board Secretary:

Date Received: _____ Signature: _____ Voter Registration Verified: _____

PLEASE RETURN YOUR COMPLETED APPLICATION AND ACCOMPANYING DOCUMENTS BY FRIDAY, APRIL 16, 2021 AT 4:00 PM TO:

**LINDA BEALE
WAELDER ISD CENTRAL OFFICE
201 US HWY 90 W
P O Box 247
WAELDER, TX 78959
lbeale@waelderisd.org – 830-239-5600**

REFERENCE WAELDER ISD BOARD POLICY MANUAL: BBC(LEGAL)-BOARD MEMBERS-VACANCIES AND REMOVAL FROM OFFICE and BBB(LEGAL)-BOARD MEMBERS-ELECTIONS