Salem School District
Salem, Connecticut

APPLICATION FOR BOARD OF EDUCATION MEMBERSHIP

Name:_____ Phone Number (___)_____

Address:_____ Email Address: _____

Length of Time in Salem _____

Experience in Similar Positions:

_____
_____
_____
_____

Why do you want a position on the Board?

_____
_____
_____
_____

What do you feel you can contribute to the Board?

_____
_____
_____
_____

What do you view the time commitment to be?

_____

How much time are you able to give?

_____

What issues do you feel are important for education in Salem?

_____
_____
_____
_____

What is your educational philosophy?

_____
_____
_____
_____
_____

_____ _____
Applicant's Signature **Date**

This form must be submitted to:
Jennifer Kayser, Board Clerk / Executive Assistant to the Superintendent of Schools
Salem School, 200 Hartford Road, Salem, CT 06420
Email to: jkayser@salem.cen.ct.gov