



Assumption Catholic School

2116 Cornwall Avenue
Bellingham, WA 98225
360.733.6133

School Commission Candidate Application

Please return this application to the school office by Monday, April 11, 2024

Date _____

Name _____
First _____ Last _____

Residence
Address _____
Phone _____ E-mail _____

Employer (Write "Retired" if no longer employed.)

Name _____
Your title _____
Address _____
Cell Phone _____ Home Phone _____
E-mail _____
Type of business or organization _____
Primary service(s) and area/population served _____

Preferred method of contact () Cell phone () Home phone () Email

Please list boards and committees that you serve on, or have served on (business, civic, community, etc.)

Organization	Role/Title	Dates of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education/Training/Certificates

Optional – Have you received any awards or honors that you'd like to mention?

How do you feel **Assumption Catholic School** would benefit from your involvement on the Commission?

Skills, experience and interests (Please circle all that apply)

- | | |
|--|-----------------------------------|
| Finance, accounting | Education, instruction |
| Strategic planning | Special events |
| Administration, management | Fundraising |
| Nonprofit experience | Development, advocacy, recruiting |
| Community service | Other _____ |
| Graphic Design | Other _____ |
| Program evaluation | Other _____ |
| Public relations/marketing, communications | |

Are you a graduate of Assumption Catholic School? Y() N()

Are you a parishioner of the Church of the Assumption or a parish in Whatcom County? Y()

N() If so, which one _____

Answering **no** to any of the questions above will **not** disqualify you from consideration.

Please tell us anything else you'd like to share.

Thank you very much for applying.