



NOTICE OF BOARD VACANCY

INTERESTED PERSONS ARE HEREBY NOTIFIED THAT PURSUANT TO
GOVERNMENT CODE §1780 THERE IS A VACANCY ON THE

TUOLUMNE COUNTY BOARD OF EDUCATION: AREAS 4, 6 AND 7

THE POSITION(S) TO BE FILLED IS THE REMAINDER OF A 4-YEAR TERM
ENDING DECEMBER 2030. THE SEAT WILL GO TO ELECTION IN NOVEMBER
2030.

APPLICATIONS ARE AVAILABLE AT THE TUOLUMNE COUNTY
SUPERINTENDENT OF SCHOOLS OFFICE
LOCATED AT: 175 FAIRVIEW LN, SONORA, CA 95370
PHONE: 209-536-2016
WEBSITE: <https://www.tcsos.us/>

TO BE CONSIDERED, A CANDIDATE MUST:

- SUBMIT A COMPLETED APPLICATION FOR THE APPOINTMENT
- BE A RESIDENT OF TRUSTEE AREA 4, 6 OR 7
- BE A REGISTERED VOTER & AT LEAST 18 YEARS OF AGE

APPLICATIONS ARE DUE BY: FRIDAY, OCTOBER 30TH, 2026 AT 4:00 PM
APPLICATIONS CAN BE ACCEPTED VIA EMAIL TO SWELLMAN@TCSOS.US

***PLEASE BE PREPARED TO INTERVIEW AT A BOARD MEETING ON NOVEMBER
2ND AT 4:00 PM. THE SELECTED INDIVIDUALS WILL TAKE OFFICE ON
DECEMBER 14TH.**

PURSUANT TO GOVERNMENT CODE §1780, THIS NOTICE WILL BE POSTED FOR
15 DAYS IN THREE OR MORE CONSPICUOUS LOCATIONS IN THE DISTRICT
FROM OCTOBER 13, 2026 TO OCTOBER 30, 2026.

FOR ADDITIONAL INFORMATION PLEASE CONTACT THE TUOLUMNE COUNTY
SUPERINTENDENT OF SCHOOLS AT 209-536-2016 OR SWELLMAN@TCSOS.US.

APPLICATION FOR APPOINTMENT TO A SPECIAL DISTRICT VACANCY

Instructions

If you are interested in serving as a Trustee on the Board of Education, please complete this application and return it to: Stephanie Wellman

Date Due: October 30, 2026 at 4:00 PM

You will be advised by the board if your appointment is confirmed. Thank you for your interest.

TRUSTEE AREA: _____ DATE: _____

NAME: _____ AGE (optional): _____

RESIDENCE ADDRESS: _____

BUSINESS OR MAILING ADDRESS: _____

PHONE (DAYTIME): _____ PHONE (EVENING): _____

E-MAIL: _____

EDUCATION			
Institution	Major	Degree	Year

WORK/VOLUNTEER EXPERIENCE				
Organization	City	Position	From	To

STATEMENT OF QUALIFICATIONS:

Please briefly describe your qualifications and why you are interested in serving on the Board of Directors.

CERTIFICATION:

I certify that the information contained in this application is true and correct. I authorize the verification of the information in this application.

Signature

Date