



## **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: AREA 6**

**THE POSITION TO BE FILLED IS THE REMAINDER OF A 4-YEAR TERM ENDING DECEMBER 2026. THE SEAT WILL GO TO ELECTION IN NOVEMBER 2026.**

**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 6**
- **BE A REGISTERED VOTER & AT LEAST 18 YEARS OF AGE**

**APPLICATIONS ARE DUE BY: WEDNESDAY, APRIL 29, 2026 AT 4:00 PM**

**\*PLEASE BE PREPARED TO INTERVIEW AT A BOARD MEETING ON MAY 4TH AT 4:00 PM.**

**PURSUANT TO GOVERNMENT CODE §1780, THIS NOTICE WILL BE POSTED FOR 15 DAYS IN THREE OR MORE CONSPICUOUS LOCATIONS IN THE DISTRICT FROM APRIL 14, 2026 TO APRIL 29, 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: April 28, 2026 at 4:00 PM

You will be advised by the district 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: \_\_\_\_\_

<b>EDUCATION</b>			
Institution	Major	Degree	Year

<b>WORK/VOLUNTEER EXPERIENCE</b>				
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.

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Signature

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Date