

9/10/19 DK

2060 Challenger Drive  
Alameda, CA 94501  
Phone 510.337-7066  
Fax 510.521-0529

**Measure B1 Oversight Committee  
Application for Appointment**

***Note: All information on this application is subject to public disclosure***

**PURPOSE:** The purpose of the Oversight Committee is to annually review the District's compliance with the terms of Measure B1.

**TIME COMMITMENT:** Three to six public meetings of 1-2 hours in length and additional preparation time for meetings as needed.

**DEADLINE FOR APPLICATION:** 5 pm, September 16, 2019

**DATE OF APPOINTMENT:** September 24, 2019

**APPLICANT INFORMATION**

**NAME:** AKilah "KiKi" Bolden - Morifa

**HOME ADDRESS:** *[Pursuant to AUSD Board Policy, all Oversight Committee members must be Alameda residents.]*

2978 Northwood Dr.  
Alameda, CA 94501

**AUSD ELEMENTARY, MIDDLE, AND/OR HIGH SCHOOL  
ENROLLMENT ZONE:** Alameda High School

*[A map of enrollment zones can be found here: <http://apps.schoolsitelocator.com/?districtcode=66066>].*

**PREFERRED TELEPHONE #:** 510 847-0720

**EMAIL:** KiKiposts@gmail.com

ALAMEDA UNIFIED SCHOOL DISTRICT  
Excellence & Equity For All Students

Please check all that apply:

☒ Member of the Alameda business community

☐ Property Owner

☒ Parent/Guardian of AUSD student(s). If so, please indicate below which school(s):

The Phillips Academy

☐ AUSD employee

☐ AUSD student

☒ Member of community organization(s). If so, please indicate which organizations, in which capacity(ies), and length of membership(s).

I participated as an employee in the Girl's  
Inc. of the Island City's summer internship program  
Eureka.

Briefly describe why you would like to serve on the Committee:

I can read, write, + listen. I also have  
a law degree. I went to University  
of Santa Clara law school with Mayor Ezzie

Describe your qualifications or skills that you believe will benefit the Committee:

See above, I want to serve and  
give back to my community

ALAMEDA UNIFIED SCHOOL DISTRICT  
Excellence & Equity For All Students

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**CERTIFICATION OF APPLICANT:** I certify that the above information is true and correct to the best of my knowledge and belief.

Signature: Akilah Bolden-Monifa Date: 9/6/19