
ADVISORY COUNCIL STATEMENT OF INTEREST

Name: _____

Phone: _____ Email: _____

Address: _____

Check all categories which you are involved:

- | | | |
|--|--|---|
| <input type="checkbox"/> Church/Ministerial | <input type="checkbox"/> Senior Citizen | <input type="checkbox"/> Service Organization |
| <input type="checkbox"/> Township | <input type="checkbox"/> Park & Recreation | <input type="checkbox"/> Disabled Person(s) |
| <input type="checkbox"/> Private School | <input type="checkbox"/> Early Learning | <input type="checkbox"/> Other, please list: |
| <input type="checkbox"/> City | <input type="checkbox"/> Public School | |
| <input type="checkbox"/> Adult with no school age children | <input type="checkbox"/> Adult Basic Education | |
| | <input type="checkbox"/> Youth | |

Areas of interest:

- | | | |
|--|---|---|
| <input type="checkbox"/> Course planning/teaching
Community Education classes | <input type="checkbox"/> Volunteer Activities | <input type="checkbox"/> Disabled/Handicapped |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Boathouse/Rock Gym | <input type="checkbox"/> Youth Activities |
| <input type="checkbox"/> Adult Education/English
Language Learning | <input type="checkbox"/> Equity | <input type="checkbox"/> Trips |
| <input type="checkbox"/> Senior Citizen Activities | <input type="checkbox"/> Evaluations & Need
Assessment | <input type="checkbox"/> Other, please list: |
| | <input type="checkbox"/> Early Learning | |

Why do you wish to serve on the Community Education Advisory Council?

What experience and/or skill do you have that may be valuable to the Community Education Advisory Council?