



**Preschool Services Department
Administration**

Phalos Haire
Director

**COMMUNITY REPRESENTATIVE APPLICATION
For Program Year 2020-2021**

Contact Information

Name (First and Last): _____

Home Address: _____

Mailing Address (if different): _____

Home and Cell Phone No.: _____

Email Address: _____

Type of Applicant (please check one)

Former Head Start Parent

Private Community Member

Civic or Professional Organization

Name of Organization: _____

Other (please describe) _____

If a former Head Start Parent, have you previously served on a Policy Council? (Please indicate when, where, and the total number of years you served.):

Supplemental Questions

1. Please describe your previous and/or current level of community involvement. Including when (month/year), where:

BOARD OF SUPERVISORS

ROBERT A. LOVINGOOD
First District

JANICE RUTHERFORD
Second District

DAWN ROWE
Third District

CURT HAGMAN
Chairman, Fourth District

JOSIE GONZALES
Vice Chair, Fifth District

Gary McBride
Chief Executive Officer

2. How do you intend on bringing local resources to the Policy Council?

3. How will you share the efforts of Head Start within your community?

Print Name

Signature

Date

Thank you for submitting the community representative application. Those selected to participate in the 2020-2021 Policy Council will be notified as soon as a final decision has been made.

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