



Preschool Services Department Administration

Phalos Haire
Director

**FOR IMMEDIATE RELEASE
(VOLUNTEERS NEEDED!)**

San Bernardino County Preschool Services Department (PSD) is accepting applications from individuals interested in serving as Community Representatives on the Head Start Policy Council for the 2021-2022 program year. Volunteer service in this role is limited to five one-year terms.

The Policy Council is a part of the formal structure of shared decision-making in the Federal Head Start/Early Head Start Child Development Program serving San Bernardino County. Meetings are held during the day, on the 3rd Monday of each month (or on the 3rd Tuesday if the 3rd Monday is a holiday), noting that conference call meetings may be scheduled as needed. According to the Federal Head Start Act, membership of the Policy Council must consist of parents of currently enrolled children, and community representatives drawn from former Head Start parents, the private community, civic and professional organizations, and others who are familiar with resources and services to low-income preschool age children and families.

The application can be found at <http://hs.sbcounty.gov/psd>, <https://www.facebook.com/SBCPSD/>, and <https://twitter.com/sbcpsd>.

Please submit completed applications no later than 5:00 p.m. on Friday, August 20, 2021 to:

**SAN BERNARDINO COUNTY PRESCHOOL SERVICES DEPARTMENT
662 SOUTH TIPPECANOE AVE.
SAN BERNARDINO, CA 92415-0630
ATTN: Johnnetta Gibson, Program Specialist II**

Completed applications and requests for further information may be emailed to Johnnetta.Gibson@psd.sbcounty.gov

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Leonard X. Hernandez
Chief Executive Officer



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Administration**

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Director

**COMMUNITY REPRESENTATIVE APPLICATION
For Program Year 2021-2022**

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:

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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 2021-2022 Policy Council will be notified as soon as a final decision has been made.