

CESAR CHAVEZ COMMUNITY SCHOOL
EQUITY COUNCIL APPLICATION FORM

Name _____ Phone _____

Address _____

City _____ Zip _____ E-mail _____

Relevant Experience and/or Employment (attach a resume if relevant) _____

Why are you interested in the CCCS Equity Council? _____

Area(s) of expertise/Contribution you feel you can make _____

Other volunteer commitments _____

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For Board Use

__ Candidate interviewed by a board member. Date _____

Action taken by the board _____
