



Preschool Services Department Administration

Arlene Molina
Director

COMMUNITY REPRESENTATIVE APPLICATION For Program Year _____

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 involvement with Birth to five support services. Including when (month/year), where: _____

BOARD OF SUPERVISORS

COL. PAUL COOK (RET.)
First District

JESSE ARMENDAREZ
Second District

DAWN ROWE
Chairman, Third District

CURT HAGMAN
Fourth District

JOE BACA, JR.
Vice Chair, Fifth District

Luther Snoke
Chief Executive Officer

2. How do you intend on bringing local resources that benefit enrolled families 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 Policy Council will be notified in August once a final decision has been made.