|  |
| --- |
| C:\Users\daramos\Pictures\HCPS%20Full%20Logo%20Final%20Black_jpg.jpg**Application** **Citizen Advisory Committee (CAC)**  |
| Contact Information |
| Name | Click or tap here to enter text. |
| Street Address | Click or tap here to enter text. |
| City, State ZIP Code | Click or tap here to enter text. |
| Home Phone | Click or tap here to enter text. |
| Work Phone | Click or tap here to enter text. |
| E-Mail Address | Click or tap here to enter text. |

## Occupation Information

|  |  |
| --- | --- |
| Company | Click or tap here to enter text. |
| Street Address | Click or tap here to enter text. |
| City, State ZIP Code | Click or tap here to enter text. |
| Work Phone | Click or tap here to enter text. |
| E-Mail Address | Click or tap here to enter text. |

## Availability

### During which hours are you available to attend meetings?

|  |  |
| --- | --- |
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |

## Interest in membership

### Tell us in which area you are seeking membership:

|  |
| --- |
| Career and Technology Education |
| Family Life Educations |
| Gifted Education |
| Safety and Security |
| Special Education |

## Special Skills or Qualifications

### Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

|  |
| --- |
| Click or tap here to enter text. |

## Membership in Community

### Summarize your previous experience.

|  |
| --- |
| Click or tap here to enter text. |

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Street Address | Click or tap here to enter text. |
| City, State ZIP Code | Click or tap here to enter text. |
| Home Phone | Click or tap here to enter text. |
| Work Phone | Click or tap here to enter text. |
| E-Mail Address | Click or tap here to enter text. |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name (printed) | Click or tap here to enter text. |
| Signature | Click or tap here to enter text. |
| Date | Click or tap here to enter text. |

## Our Policy

### The Harford County Public School System does not discriminate on the basis of race, color, age, religion, national origin, gender, sexual orientation, or disability in matters affecting employment or in providing access to programs.

### Thank you for completing this application form and for your interest in volunteering with HCPS.