

**Richfield Public Schools Community Education
Application for Advisory Council**

Each school board must provide for an advisory council to consist of members who represent: various service organizations; churches; public and nonpublic schools; local government including elected officials; public and private nonprofit agencies serving youth and families; parents; youth; park, recreation or forestry services of municipal or local government units located in whole or in part within the boundaries of the school district; and any other groups. **We are striving to provide a balanced council that is representative of our community.**

| Today's Date | First Name | Last Name |
|--------------|------------|-----------|
| | | |

| Street Address | City | State | Zip Code |
|----------------|---------------|---------------|----------|
| | | | |
| E-Mail Address | Daytime Phone | Evening Phone | Other |
| | | | |

| Reason for Application |
|--|
| <p>Please tell us how you found out about this opportunity / why you are interested:</p> <p><input type="checkbox"/> I was referred by an organization (organization name _____)</p> <p><input type="checkbox"/> I was invited by a specific staff member or individual (name _____)</p> <p><input type="checkbox"/> I am (or have been) a participant in Richfield Community Education or Early Childhood programs</p> <p><input type="checkbox"/> I have a background in the education field (area) _____</p> <p><input type="checkbox"/> Other _____</p> |
| <p>Statement of interest. Please tell us why you would like to serve on the Advisory Council:</p> |

Please continue on the next page

DEMOGRAPHICS

Our council is made up of a limited number of people representing the various subgroups of our district population. The information below will help us to provide multiple perspectives and equity in our work.

| Originally from | Past Educational Experience (if applicable) | Number of years living in Richfield (school district) |
|--|--|--|
| | High School attended (location) _____ College attended (location) _____ | |
| Age Range | Number of children, if any? | Gender and Racial Info (check all that apply) |
| <input type="checkbox"/> 15-18 <input type="checkbox"/> 19-25 <input type="checkbox"/> 25-40 <input type="checkbox"/> 40-55 <input type="checkbox"/> 55-75 <input type="checkbox"/> 75 & up | <input type="checkbox"/> No children <input type="checkbox"/> Adult children, not living with me <input type="checkbox"/> Adult children, living with me <input type="checkbox"/> Ages 0-5 <input type="checkbox"/> Grades K-2 <input type="checkbox"/> Grades 3-5 <input type="checkbox"/> Grades 6-8 <input type="checkbox"/> Grades 9-12 | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White |

ACTIVITIES & EMPLOYMENT

| Employer | Title & Job Duties | Typical Schedule |
|------------------------|--------------------------------------|------------------|
| | | |
| Clubs or Organizations | Type of Activities or Work Performed | Number of Years |
| | | |

REFERENCES

| Name | Email Address | Phone Number |
|------|---------------|--------------|
| | | |
| | | |

I understand that by signing and submitting my application for the Advisory Council I am authorizing staff of Community Education and Richfield Public Schools to inquire of my references and affiliations. If selected to the Council, I agree to a background check and to uphold the policies and procedures of the school district.

Signature _____ Date _____

Return application to: Central Education Center
 7145 Harriet Avenue South
 Richfield, MN 55423
 Fax: 612-243-3067 Questions: 612-243-3001