

COMMITTEE MEMBER INTEREST FORM

Please Print



Name _____

Are you a resident of the Council Bluffs Community School District? _____

Are you a parent of a student in the Council Bluffs Schools? _____

Do you own a business or work in the Council Bluffs Community School District? _____

Daytime Phone Number _____ Evening Phone Number _____

E-mail Address _____

Mailing Address _____
Street City Zip

Please indicate your committee preference(s):

- Community Education Advisory
- Facilities
- Finance
- Policy Review
- School Improvement Advisory

Please indicate why you are interested in serving on a School District Committee: _____

Please list any previous experience volunteering with the Council Bluffs Schools _____

Please describe areas of expertise you wish to lend to the committee work: _____

Please list your community involvement or experience with committee service: _____

Please indicate when you are available to attend meetings:

- Evenings
- Mornings
- Lunchtime
- Any Time of Day

Thank you!

We will make every effort to match your interest, expertise and availability with a committee. Please return to: Karen Eaton, Educational Service Center, 12 Scott Street, Council Bluffs, IA 51503. Fax: 328-6548 or via e-mail to keaton@cb-schools.org.