# Edgewood School Advisory Council Application

*A Program of Community Education Services*

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| Contact Information | | |
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| Name |  |
| Address |  |
| Preferred Phone |  |
| E-Mail |  |
| Present Occupation |  |
| Age of your children |  |
| Edgewood Status | CoF Preschool ECFE  Approximately how many ECFE classes have you participated in? **\_\_\_\_\_** |

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| Overall Interest | | |
| Please tell us why you are interested in serving on the council? | | |
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| Special Skills or Qualifications | |
| Summarize the special skills and qualifications (i.e. Fundraising, marketing, leadership, project management, finance) you would bring to the council: | | |
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| Previous Volunteer Experience | |
| Summarize your previous volunteer experience, including membership in organizations: |
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| Signature Date |

## Please return to the Edgewood Main Office upon completion.

## Any questions can be directed to Edgewood.AdvisoryCouncil@gmail.com.