Bloomington Community Education Advisory Council Membership Application Form



One of the requirements for school districts is to have an advisory council that consist of members who represent: various service organizations; churches; public and nonpublic schools; local government, 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. The purpose of the Advisory Council is to function in cooperation with the community education director in an advisory capacity in the interest of promoting the goals and objectives of the district's Community Education program.

A candidate is asked to attend a meeting to introduce themselves to the council. The Council will vote on the application and the secretary will contact you after the meeting with the result of the vote.

Fill in the fo	ollowing information and please PRINT or TYPE. Thank you.
NAME:	ADDRESS:
PHONE: Hon	ne Work Cell
AGE: H.S. Stu	ident 20-30 31-45 46-60 61 & Over
EMAIL ADDI	RESS:
ARE YOU A I	RESIDENT OF BLOOMINGTON? YesNo If Yes, how many years?
DO YOU WO	RK IN BLOOMINGTON? Yes No If Yes, how many years?
OCCUPATIO	N:
SPECIAL INT	TERESTS/TALENTS: (Hobbies, skills, etc.)
LIST GROUP	S/ORGANIZATIONS YOU ARE A MEMBER OF:
	VE CHILDREN ENROLLED IN BLOOMINGTON? Yes No S, indicate grades
BRIEFLY (30	TO 40 words) Why do you wish to serve on the Advisory Council? What do you feel you want to contribute
	I meets five times per year from 8:00-9:30 a.m. 3 times per year and 6:00-7:30 p.m. 2 times ee calendar of meeting dates) Does this work for you? Yes No
Thank you f Advisory Co	For your interest and willingness to serve on the Bloomington Community Education buncil.
Send to:	Community Education Campus 2575 West 88 th Street, Suite 200 Bloomington MN 55431 Attn: Mary Jelleberg

or email mjelleberg@isd271.org