



**APPLICATION**  
**Advocacy Task Force**

CONTACT INFORMATION	
Name	
Street Address	
City, State, Zip	
Home Phone	
Work Phone	
E-Mail Address	

BACKGROUND AREA	
<input type="checkbox"/> FINANCE <input type="checkbox"/> COMMUNICATIONS <input type="checkbox"/> EDUCATION	<input type="checkbox"/> PROJECT MANAGEMENT <input type="checkbox"/> COMMUNITY ENGAGEMENT <input type="checkbox"/> STATE FUNDING & POLICIES

Relationship with the CH-UH School District, if any (alumnus, parent, PTA, etc.)

**Professional Knowledge or areas of expertise (finance, advocacy, legislative affairs, community engagement, etc.)**

**Other current community involvement**

**AGREEMENT & 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 member of the Advocacy Task Force, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.*

**Name (Printed)**

**Signature**

**Date**

Thank you for completing this application form and for your interest in joining the Advocacy Task Force.  
Please email your completed application to Rosalyn Adams at [r\\_adams@chuh.org](mailto:r_adams@chuh.org).