

APPLICATION

Kindergarten Readiness Task Force

Directions: Return the completed application to Rosalyn Adams at <u>r_adams@chuh.org</u> by May 14, 2021.

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

| BACKGROUND AREA Select all that apply | | |
|--|---|--|
| Educator K-12 Educator Post Secondary (College/University) Parent of a Current CH-UH student Parent of a Former CH-UH student | Community member Current District Community Partner Other | |

Why are you interested in becoming a member of the Kindergarten Readiness Task Force?

Identify the skills, expertise and or experiences you will bring to the Kindergarten Readiness Task Force?

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 Kindergarten Readiness 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 Kindergarten Readiness Task Force. Please email your completed application to Rosalyn Adams at <u>r_adams@chuh.org</u>.