

Are you an educator in ZCSD Schools?
If yes, list your school and position. _____

YES

NO

Why are you interested in this position?

What strengths would you bring to this position?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that completing this application does not guarantee appointment to the committee. Furthermore, I understand that participation is on a volunteer basis as there is no compensation provided to Special Education Advisory Council members. Additionally, I understand that the purpose of the Special Education Advisory Council is to be a resource for the local superintendent and school board. The Zachary Community School District Special Education Advisory Council has no authority to direct school district personnel, operations, policies, or budgeting.

Signature: _____ Date: _____