

**SUPERINTENDENT COMMUNITY RELATIONS COUNCIL
APPLICATION OF INTEREST**

Name: _____

Phone Number: _____

E-mail Address: _____

Street Address: _____

Please share the reasons for volunteering to serve on this council:

District activities/programs you or your family are involved in (or have been involved in):

Expertise you can bring to the council:

Current or most recent community activity or activities:

(If necessary, continue on a separate sheet of paper and attach to this application.)

If selected for participation on the District 64 Superintendent Community Relations Council, I affirm that I am available for all three meetings; and that I will honor the purpose and conditions for which this council has been formed.

Signature of Applicant: _____

Date: _____

**Completed applications should be e-mailed for consideration on or before
Monday, August 24, 2015 to:**

Madelyn Wsol at mwsol@d64.org

or mailed to:

Park Ridge-Niles School District 64
Attn: Superintendent Community Relations Council
164 S. Prospect Avenue
Park Ridge, Illinois 60068