

ADVISORY COUNCIL STATEMENT OF INTEREST

NAME _____ PHONE: Work _____ Home _____

ADDRESS _____

e-mail _____

Check all categories which you are involved:

- Church/Ministerial
- Township
- Private School
- City
- Adult with no school age children
- Senior Citizen
- Park & Recreation
- Early Learning

- Public School
- Adult Basic Ed
- Youth
- Service Organ.
- Disabled Person
- Other: List

Areas of interest

- Course planning/teaching Community Education classes
- Public relations
- Adult education
- Senior Citizen activities
- Volunteer activities

- Evaluations & need assessment
- Early Learning
- Disabled/Handicapped
- Youth activities
- Other: List

Why do you wish to serve on this advisory council?

What experience and/or skill do you have that may be valuable to the Community Education Advisory Council?

(If you need more space, please use the back)

Return to: Community Education, 147 North Broadway, Albert Lea, MN 56007
Or Email to: AlbertLeaCommunityEd@alschools.org