

**APPLICATION FORM - MANHASSET UNION FREE SCHOOL DISTRICT**  
**CITIZENS ADVISORY COMMITTEES**  
(Please Type or Print)

Citizens Advisory Group that you are applying to serve on: \_\_\_\_\_

Your Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Elementary school attendance area you reside in: Shelter Rock: \_\_\_\_\_ Munsey Park: \_\_\_\_\_

Email Address: \_\_\_\_\_ MHS Alum / If Yes, Year: \_\_\_\_\_

Phone: Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Profession / Experience: \_\_\_\_\_

Briefly state why you would like to serve and what you hope to accomplish. Additional information may be attached: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly state skills or attributes you possess that you believe would be an asset: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School(s) / Grade(s) attended by your children (if any):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read the bylaws of the committee which I am applying to serve on and acknowledge, if selected, that by accepting an appointment to Citizens Advisory Committee that I will pursue the committee's mission and abide by its bylaws and District policies governing Citizens Advisory Committee members.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return by email to: [districtclerk@manhasset.schools.org](mailto:districtclerk@manhasset.schools.org)

516-267-7724

Or by mail to:

District Clerk, Manhasset Public Schools  
200 Memorial Place, Manhasset, NY 11030