

MANHASSET UNION FREE SCHOOL DISTRICT
CITIZENS ADVISORY COMMITTEE - APPLICATION FORM
(please print)

Committee you are applying for: _____

Your Name: _____

Address: _____

Email address: _____

Telephone: Home: _____ Work: _____ Mobile: _____

Briefly state why you would like to serve on this committee and what you hope to accomplish as a committee member:

Briefly state skills or attributes you possess that would be an asset to this committee:

Grade / School attended by children (if any):

I have read the committee by-laws and acknowledge that, if selected, by accepting an appointment to a Citizens Advisory Committee that I will pursue the mission of the committee and abide by its by-laws and by District policies governing Citizens Advisory Committee members.

Signed: _____ Date: _____

Please return this form to: *District Clerk
Manhasset Public Schools
200 Memorial Place
Manhasset, NY 11030*