

# APPLICATION FOR SCHOOL HEALTH ADVISORY COUNCIL

I WISH TO BE CONSIDERED FOR AN APPOINTMENT  
TO A POSITION ON THE SHAC

Name: **Kelly Dirden**

Address: **411 S. Pagewood Ave. Odessa, Texas 79763**

Spouse's Name: **n/a**

Occupation: **Program Director at West Texas Food Bank**

Home Phone: **432-940-4363**

Business Phone: **432-580-6333**

Email Address: **kirden@wtxfoodbank.org**

Race or Ethnic Group: **Caucasian**

Children (if any) in ECISD: **none**

Is your spouse or any family member related to a member of the ECISD Board of Trustees? **no**

**Are you a resident of Ector County? yes**

*Resume to be attached*

*Please mail to:*

*Ector County ISD  
Attn: Michael Neiman  
P.O. Box 3912  
Odessa, Texas 79760*

*Email to:*

*michael.neiman@ectorcountyisd.org*