APPLICATION FOR SCHOOL HEALTH ADVISORY COUNCIL

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

Name: Gerardo Valles 51.
Address: 508 E. 94th Odessa TX 79765
Spouse's Name: Corina Valles
Occupation: Crude Scheduler/Finance Manager
Home Phone: 432 - 208-4766
Business Phone:
Email Address: gcy valles @ yahoo.com
Race or Ethnic Group: Hispanic
Children (if any) in ECISD: Youani Valles
Sebastian Valles
Is your spouse or any family member related to a member of the ECISD Board of Trustees? $_{\odot}$
Are you a resident of Ector County? $\underline{Ye} S$
Resume to be attached
Please mail to: Email to:
Ector County ISD michael.neiman@ectorcountyisd.org Attn: Michael Neiman

P.O. Box 3912

Odessa, Texas 79760