

APPLICATION FOR SCHOOL HEALTH ADVISORY COUNCIL

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

Name: Larissa Guevara

Address: 1745 Boise Dr.

Spouse's Name: Ivan Guevara

Occupation: Registered Nurse at Medical Center Hospital

Home Phone: 4432-559-5089

Business Phone: 432-640-1470

Email Address: larissaexline@yahoo.com

Race or Ethnic Group: white

Children (if any) in ECISD: n/a

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