

# APPLICATION FOR SCHOOL HEALTH ADVISORY COUNCIL

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

Name: Rache Juarez Torres (Rachel Juarez-Torres)

Address: 1800 Cody Place

Spouse's Name: Mike Torres

Occupation: Educator

Home Phone: (432) 550-7681

Business Phone: (432) 552-2129

Email Address: torres\_r@utpb.edu

Race or Ethnic Group: Hispanic

Children (if any) in ECISD: yes (1 child)

Is your spouse or any family member related 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: Carla Wells  
P.O. Box 3912  
Odessa, Texas 79760**