

APPLICATION FOR SCHOOL HEALTH ADVISORY COUNCIL

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

Name: ___Diana Ruiz_____

Address: ___14 Preston Oaks Circle_____

Spouse's Name: ___Tony Ruiz_____

Occupation: _____Registered Nurse; Director of Community Health _____

Home Phone: _____432-661-2081_____

Business Phone: _____432-640-2383_____

Email Address: _____dhuerta@echd.org_____

Race or Ethnic Group: ___Hispanic_____

Children (if any) in ECISD: ___NA_____

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: Michael Neiman
P.O. Box 3912
Odessa, Texas 79760***

Email to:

michael.neiman@ectorcountyisd.org