## APPLICATION FOR SCHOOL HEALTH ADVISORY COUNCIL

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

Name: Lisa M. Cline
Address:1008 E. 2 <sup>nd</sup> Street, Odessa Texas 79761
Spouse's Name:Leland C. Cline
Occupation: <u>Nutrition Education Specialist, West Texas Food Bank</u>
Home Phone: <u>432-248-7175, Cell</u>
Business Phone: <u>432-580-6333</u>
Email Address:licline@feedingamerica.org
Race or Ethnic Group: <u>Caucasian</u>
Children (if any) in ECISD: <u>No</u>
Is your spouse or any family member related a member of the ECISD Board of Trustees? <u>No</u>

Are you a resident of Ector County? Yes

## Resume to be attached

Please mail to:

Ector County ISD Administration Building Attn: Michael Neiman 802 N. Sam Houston Odessa, Texas 79761 Email to:

michael.neiman@ectorcountyisd.org

Phone: 432-456-0988