

APPLICATION FOR SCHOOL HEALTH ADVISORY COUNCIL

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

Name: Tara Holt

Address: 1713 Rosewood Ave, Odessa, TX 79761

Spouse's Name: N/A

Occupation: Community Services Manager for The Crisis Center

Home Phone: 432-703-8398

Business Phone: 432-333-2527

Email Address: dop@odessacrisiscenter.org

Race or Ethnic Group: Caucasian

Children (if any) in ECISD: _____

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@ectorcountysd.org