

APPLICATION FOR SCHOOL HEALTH ADVISORY COUNCIL

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

Name: ___Dawn Weaks_____

Address: ___4904 Pepperidge Odessa 79761_____

Spouse's Name: ___Joe Weaks_____

Occupation: ___Pastor_____

Home Phone: ___4322484483_____

Business Phone: 4323322954_____

Email Address: _drdawn@fccodessa.com_____

Race or Ethnic Group: ___Anglo_

Children (if any) in ECISD: ___daughter, Arwen, 9th grader at New
Tech_____

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