APPLICATION FOR SCHOOL HEALTH ADVISORY COUNCIL

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

Name:	Joshua Alaniz
Address:	2619 Cambridge St., Odessa, TX 79761
Spouse's Name: _	Erika Carrillo
Occupation:	Teacher
Home Phone:	432-308-7105
Business Phone: _	432-570-3333
Email Address:	jalaniz@pbmhmr.com
Race or Ethnic Gr	oup: _Hispanic
Children (if any) i	n ECISD: _1
_	
	any family member related to a member of the ECISD Board of
Are you a reside	ent of Ector County? Yes
Resume to be a	ettached
Please mail to:	Email to:
Ector County IS Attn: Michael N P.O. Box 3912	

Odessa, Texas 79760