

APPLICATION FOR SCHOOL HEALTH ADVISORY COUNCIL

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

Name: __Amanda Varela_____

Address: _____26 Durham Odessa TX 79765_____

Spouse's Name: __Edgar Varela_____

Occupation: _____Owner/Office manager_____

Home Phone: _____432.296.1772_____

Business Phone: __432.296.1772_____

Email Address: __refusetoosink@gmail.com_____

Race or Ethnic Group: __H_____

Children (if any) in ECISD: __Ryian and Julian Varela_____

Is your spouse or any family member related to 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