

APPLICATION FOR TRI-ETHNIC RE-APPOINTMENT

I WISH TO BE CONSIDERED FOR **RE-APPOINTMENT** TO A POSITION ON THE
ECISD TRI-ETHNIC COMMITTEE FOR A (2) TWO YEAR TERM
TO BEGIN IN SEPTEMBER 2011 AND CONCLUDE IN AUGUST 2013.

Name: Dr. Tara Y. Deaver

Address: 513 Washington Ln. Odessa 79761

Spouse's Name: N/A

Occupation: Podiatrist

Home Phone: 432-333-2801

Business Phone: 432-335-0210

Email Address: ViperVixen2101@yahoo.com

Race or Ethnic Group: Black

Children (if any) in ECISD: N/A

Is your spouse or any family member related to an employee of ECISD or any member of the ECISD Board of Trustees? Sister employee

Are you a resident of Ector County? Yes

Qualifications: Member of Tri-Ethnic for several yrs.
Business Owner