

# APPLICATION FOR SCHOOL HEALTH ADVISORY COUNCIL

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

Name: \_\_\_\_\_ Bianca Carpenter \_\_\_\_\_

Address: \_\_\_\_\_ 613 E 54<sup>th</sup> St Odessa, TX 79762 \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Certified Prevention Specialist/Youth Prevention Program Coordinator \_\_\_\_\_

Home Phone: \_\_\_\_\_ 432 924-8853 \_\_\_\_\_

Business Phone: \_\_\_\_\_ 432 333-4100 \_\_\_\_\_

Email Address: \_\_\_\_\_ bcarpenter@pbrcada.org \_\_\_\_\_

Race or Ethnic Group: \_\_\_\_\_ White \_\_\_\_\_

Children (if any) in ECISD: \_\_\_\_\_ Goliad Elementary 5<sup>th</sup> & 1<sup>st</sup> grade \_\_\_\_\_

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***