

My family is currently enrolled with the Tlingit and Haida Head Start Program this year.

Yes No

(circle one)

Do you currently have any relatives working for Tlingit and Haida Central Council?

Name of relative

Position

How related

_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ I am aware of the conflict of interest involving family members working for Tlingit and Haida Central Council and my being elected to Policy Council and I will inform the Policy Council should any of my family be hired for any position with Tlingit and Haida Central Council.

As a member of the Policy Council I would like more training and information on:

_____ Roberts Rules of Order	_____ Performance Standards
_____ My Role in the Council	_____ Reading Grants/Budgets
_____ How to be an Advocate	_____ Communication Skills
_____ How to conduct a meeting	_____ Evaluation Process

I am interested in being on the following component workgroups:
(only choose 2)

Child Health _____	Child Development _____
Staff & Parent Training _____	Administration & Governance _____
Family & Community Partnerships _____	

I am committed to and take responsibility for my Policy Council Position.

_____ I understand that I will attend or have my alternate attend all Policy Council meetings.

_____ I will discuss all major Head Start issues involving my Agency or Community Partners prior to voting.

_____ I understand that some issues that will be discussed at the Policy Council level are sensitive and should be kept in confidence. I have signed the confidentiality form and understand the consequences of breaching confidentiality.

_____ I understand that if I resign prior to the ending of my elected term that it is my responsibility to find my replacement before my effective date of resignation.

_____ I have read through the Policy Council Roles as outlined in the Performance Standards section 1304.50 and Appendix A.

_____ I will hold a meeting to discuss Head Start Policy Council decisions or concerns with my Agency or Community Partners upon my return from the face-to-face meeting/training.

Policy Council President

Local Policy Council Representative

Program Director or Designee

Community Policy Council Applicant
(Your Signature)