



**Richfield Public Schools Community Education
Application for Advisory Council**

Each school board must provide for an advisory council to consist of members who represent: various service organizations; churches; public and nonpublic schools; local government including elected officials; public and private nonprofit agencies serving youth and families; parents; youth; park, recreation or forestry services of municipal or local government units located in whole or in part within the boundaries of the school district; and any other groups. **We are striving to provide a balanced council that is representative of our community.**

Today's Date	First Name	Last Name

Street Address	City	State	Zip Code
E-Mail Address	Daytime Phone	Evening Phone	Other

Reason for Application
<p>Please tell us how you found out about this opportunity / why you are interested:</p> <p><input type="checkbox"/> I was referred by an organization (organization name _____)</p> <p><input type="checkbox"/> I was invited by a specific staff member or individual (name _____)</p> <p><input type="checkbox"/> I am (or have been) a participant in Richfield Community Education or Early Childhood programs</p> <p><input type="checkbox"/> I have a background in the education field (area _____)</p> <p><input type="checkbox"/> Other _____</p>
<p>Statement of interest. Please tell us why you would like to serve on the Advisory Council:</p>

Please continue on the next page

DEMOGRAPHICS

Our council is made up of a limited number of people representing the various subgroups of our district population. The information below will help us to provide multiple perspectives and equity in our work.

Originally from	Past Educational Experience (if applicable)	Number of years living in Richfield (school district)
	High School attended (location) _____ College attended (location) _____	
Age Range	Number of children, if any?	Gender and Racial Info (check all that apply)
<input type="checkbox"/> 15-18 <input type="checkbox"/> 19-25 <input type="checkbox"/> 25-40 <input type="checkbox"/> 40-55 <input type="checkbox"/> 55-75 <input type="checkbox"/> 75 & up	<input type="checkbox"/> No children <input type="checkbox"/> Adult children, not living with me <input type="checkbox"/> Adult children, living with me <input type="checkbox"/> Ages 0-5 <input type="checkbox"/> Grades K-2 <input type="checkbox"/> Grades 3-5 <input type="checkbox"/> Grades 6-8 <input type="checkbox"/> Grades 9-12	Gender Identity _____ (optional) <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White

ACTIVITIES & EMPLOYMENT

Employer	Title & Job Duties	Typical Schedule
Clubs or Organizations	Type of Activities or Work Performed	Number of Years

REFERENCES

Name	Email Address	Phone Number

I understand that by signing and submitting my application for the Advisory Council I am authorizing staff of Community Education and Richfield Public Schools to inquire of my references and affiliations. If selected to the Council, I agree to a background check and to uphold the policies and procedures of the school district.

Signature _____ Date _____

Return application to: Central Education Center
 7145 Harriet Avenue South
 Richfield, MN 55423
 Email: communityeducation@rpsmn.org
 Fax: 612-243-3067 Questions: 612-243-3001