



**COACHELLA VALLEY UNIFIED SCHOOL DISTRICT**

**APPLICATION FORM**

**NORTH SHORE ES COMMITTEE**

**NAME:** \_\_\_\_\_

**PARENT OF STUDENTS(S) ATTENDING CVUSD**      **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**IF YES, NAME OF SCHOOL(S) STUDENT(S) ATTEND(S):** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**PHONE: Home:** \_\_\_\_\_

**Work:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**e-mail address:** \_\_\_\_\_

**EDUCATIONAL BACKGROUND:** \_\_\_\_\_

**OCCUPATION/WORK EXPERIENCE:** \_\_\_\_\_

**COMMUNITY INVOLVEMENT/OR AFFILIATION WITH OTHER GROUPS:**

**OTHER INTERESTS/COMMENTS:** \_\_\_\_\_

**Please email completed Form to Leticia Torres at [ltorres@cvusd.us](mailto:ltorres@cvusd.us)  
by June 30, 2023 at 4:30pm**