Hurst-Euless-Bedford ISD School Health Advisory Council
Application

The Hurst-Euless-Bedford ISD will envision healthier students and families through the Coordinated School Health Program. The HEB ISD School Health Advisory Council (SHAC) will meet at least four times each year.

The goals of the School Health Advisory Council are to:

1) Promote a healthy lifestyle by providing an awareness and knowledge in the three areas of health: physical, mental and social well-being.
2) Provide assistance to the district to support and implement the Coordinated School Health Program.

Applicant’s Name:___________________________________________________________________________________
Address, City, ZIP:___________________________________________________________________________________
Email:_____________________________________________________________________________________________
Cell/Home/WorkTelephone:___________________________________________________________________________

Do you have a child/children presently attending an HEB ISD school? Yes ____ No ____
Please list the school and student(s) grade level.

<table>
<thead>
<tr>
<th>Schools</th>
<th># of Students</th>
<th>Grade(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you an HEB ISD employee? Yes ____ No ____
Are you willing to commit at least two years to this committee? Yes ____ No ____
Are you available to attend a majority of the committee meetings? Yes ____ No ____

Please rank your level of interest in the following student health topics with “1” being the area of most interest “8” being the area of least interest.

__Basic Nutrition Education __Health Classes as Required Courses
__Teen Pregnancy __Guidance and Counseling
__School Facilities for Exercise and Recreation __School-based Physical Activities
__Human Growth and Development Education __Healthy Weight Management

Please, briefly tell us why you would like to be a member of this committee. (Use the back if you need more space.)

Completion of this application does not guarantee participation in the SHAC. There are a limited number of positions. Candidate interviews may be required.

OPTIONAL: Gender: ________ Ethnicity ____________________________

Please Return Completed form to: ATTN: Michelle Henson, SHAC HEB ISD Health Services, 1849 Central Drive, Bedford, TX 76022 or Michellehenson@hebisd.edu Questions: 817-399-2124