

Brush District Accountability and Advisory Committee Member Interest Form

Name: _____

Phone: _____

Address: _____

Email: _____

The District Accountability Advisory Committee will be composed of people elected from Building Accountability Committees as well as 3 appointed by the Board of Education. To complete the committee, the Brush Board of Education will appoint 3 individuals who are either parents of students in the district or who represent taxpayer in our community. The Board understands that people may represent both interests based on their personal situation.

- Please check one: _____ I am interested in representing parents on the DAAC
 _____ I am interested in representing taxpayers on the DAAC
 _____ I would accept either position on the DAAC

Please list any experiences on boards, councils, advisory groups or other teams. Please include experience on the Brush DAAC or other Building Accountability Committees.

Dates Served:	Name of Board/Council/Advisory Group
_____ to _____	_____
_____ to _____	_____
_____ to _____	_____
_____ to _____	_____

Meetings are held August to June on the second Tuesday of each month at 6:30 pm.
Will you be able to commit to this schedule 90% of the time?

Yes: _____

Not Sure: _____

Please respond to the following questions in the space provided.

Why are you interested in being appointed to the Brush DAAC?

What skills and knowledge do you feel you will be able to contribute to the DAAC team?

What do you feel is the greatest strength of the Brush School District?

What area in the Brush School District would you hope to improve as a member of the DAAC?
