

DOÑA ANA COUNTY HEAD START

POLICY COUNCIL INFORMATION SHEET

To be completed at time of election

CENTER: _____ (1) REPRESENTATIVE _____
(1) ALTERNATE _____

(Rep) NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

MESSAGE PHONE: _____

(Alternate) NAME: _____

(Alternate) ADDRESS: _____

(Alternate) PHONE: _____

Our Policy Council is made up of Head Start Parents and community Representatives. If you have any suggestions or recommendations for Community Reps., please list their names and organizations below:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____