Boyd ISD School Health Advisory Council (SHAC) Application 2026-2027

Thank you for your interest in serving on the Boyd ISD School Health Advisory Council (SHAC). SHAC is a state-required advisory council that plays an important role in supporting the health, safety, and well-being of our students. Boyd ISD seeks a diverse group of representatives to reflect the community we serve.

Thank you for considering the SHAC committee, we understand the time commitment and know that every volunteer hour is worth it.

Applicant Information

Full Name: _____

Address: _____
City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Background Information

Which category best describes you? (Check all that apply)
☐ Parent/Guardian of a Boyd ISD student
☐ Healthcare Professional
☐ Business Owner
☐ Community Leader
☐ Faith-Based Leader
☐ Other: _____

If you are a parent/guardian, which campus(es) does your student attend?

Current Employer / Organization (if applicable):

Occupation / Title:

Areas of Interest *(Select all that apply)*

☐ Nutrition & Physical Activity
☐ Mental Health & Counseling
☐ Safety & Prevention
☐ Staff Wellness
☐ Community Partnerships

Interest & Involvement

Why are you interested in serving on the SHAC committee?

What experience, skills, or perspective would you bring to the committee?

Conflict of Interest

Do you have any potential conflicts of interest (business, financial, or personal) that should be disclosed?
☐ Yes ☐ No

If yes, please explain:

Commitment & Acknowledgment

SHAC members may meet up to four (4) times per year, typically around 5:00 PM, for approximately one hour at the Boyd ISD Administration Building.

Term Start Date: August 2026
First Meeting (Approximate): September 2026

Members serve a one-year term, with the option to renew. While attendance is not required, it is strongly encouraged to ensure the committee can effectively complete its work.

☐ I understand the time commitment and expectations of serving on SHAC.
☐ I understand that SHAC is an advisory council and meetings may be subject to public record requirements.
☐ I understand that a background check may be required prior to final appointment.

Selection Process

Submission of this application does not guarantee appointment. Applications will be reviewed, and members will be selected to ensure a balanced and representative committee.

Selected applicants will be contacted by Jody Flowers, Assistant Superintendent, with additional information and next steps.

Submission Instructions

Please download and submit completed applications to Jody Flowers, Assistant Superintendent at jflowers@boydisd.net. Please title the email:

SHAC APPLICATION 26-27

Deadline: May 31, 2026

Signature: _____

Date: _____