

Thank you for your interest in participating in the work of Methow Valley Schools. We appreciate the willingness of staff and parents/guardians to serve in this capacity.

Members must be ready to commit to regularly attend meetings and abide by group norms.

Please complete the form below and click submit when completed.

* Refer to required fields

Name of Task Force, Committee or Group: *

Please choose one: *

Parent/Guardian

Student

Community Member

Certificated Staff

Classified Staff

First and Last Name: *

Mailing address: *

For Students/Parents: Your School/Child's School/Grade Levels:

For Staff: Place of Employment/School/Department:

Phone: *

E-mail: *

Experience or interest in this work: *

Please briefly describe why you are interested in becoming a member of this group and/or any experience that might be helpful.

Other Information:

Please describe any other information you would like us to consider as we develop a broad-based group of staff, students and community members to do this work.

Availability: *

Confirm your availability to attend all meetings as listed and note any exceptions.

Do you require special accommodations?: *

Yes

No

Please describe the special accommodations required: