

HEAD START of LANE COUNTY
Policy Council Information Sheet

Name: _____ Head Start Site: _____

Mailing Address: _____

City / State / ZIP: _____

Home Phone #: _____ Message Phone #: _____

E-mail Address: _____

- 1 Have you served on another Head Start
Policy Council as a *voting member*? No Yes
- 2 How long? 1 year - 2 years - 3 years -
- 3 Do you have any family members employed
by Head Start of Lane County? No Yes
- If yes, who: _____
- Position: _____

If yes, it will effect your status on the Policy Council due to Head Start regulations.

(R:1/02-C:1/99) white; ½ sheet

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