## **HEAD START of LANE COUNTY**

**Policy Council Information Sheet** 

Nar	me:	Head Start Site:
Mai	iling Address:	
City	y / State / ZIP:	
Home Phone #:		Message Phone #:
E-m	nail Address:	
1	Have you served on another Head S	start
	Policy Council as a voting m	ember? No 🛛 Yes 🗖
2	How long?	1 year - 🛛 2 years - 🔲 3 years - 🗆
3	Do you have any family members e	nployed
	by Head Start of Lane County	/? No 🗆 Yes 🗆
	If yes, who:	
	Position:	
		icy Council due to Head Start regulations.

(R:1/02-C:1/99) white; 1/2 sheet

## **HEAD START of LANE COUNTY**

.

**Policy Council Information Sheet** 

Nam	e: Head Start Site:		
Mail	ng Address:		
City	State / ZIP:		
Hon	e Phone #: Message Phone #:		
E-m	il Address:		
1	Have you served on another Head Start		
	Policy Council as a <i>voting member</i> ? No 🛛 Yes		
2	How long? 1 year - 2 years - 3 years - 3		
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.