

VOLUNTEER APPLICATION FOR SEAC MEMBERSHIP

Name: _____ Date of Application: _____

Address: _____

Home Phone: _____ E-mail: _____

Work Phone: _____ Cell Phone: _____

Are you a (check all that apply)

- parent? person with a disability? grandparent?
 guardian? foster parent of a child/youth with a disability?
 representative of a community agency? (please specify) _____
 representative of a business or association in the community? (please specify) _____

other? (please specify) _____

If you are a parent or family member, what is your child's

Age? _____ School? _____

Disability? _____

What do you hope to accomplish from your participation on the SEAC?

What unique experiences, perspectives, talents or skills could you bring to the SEAC?

If invited to serve on the SEAC, what do you see as needs in special education?

(List system-wide issues rather than personal issues)

How did you hear about the SEAC? (please check one)

- SEAC Member Brochure Teacher
 Parent Resource Center Other:

Send completed application to:

Julie A. Baker
Supervisor of Special Education
143 Poor Farm Road
Fincastle, VA 24090