APS School Health Advisory Council (SHAC) Membership Application

Name: _______________________________ Phone: __________________

Address: _____________________________ City: ___________________ Zip: ________

Employer/Organization: ___________________________ Wk Phone: ______________

Work Address: ___________________________ City: ___________________ Zip: ________

Email: ________________________________

Ethnicity/race (optional): ____ Hispanic     ____ Non-Hispanic     ____ African American
                          ____ Native American    ____ Asian     ____ Caucasian     ____ Other

Are you an employee of APS? (if yes, which location): ________________________________

I have a child currently enrolled in APS: _____ Yes     _____ No

I prefer to be contacted at:     _____ Work     _____ Home

Are you representing: _____ Employer/Organization     _____ Self

Briefly describe how you and/or your organization assist or can assist in the health and well-being of APS students:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

SHAC members are requested to be on a subcommittee. Please check your areas of interest:

☐ Family/Community Partnerships
☐ Social & Emotional Wellness
☐ Food & Nutrition
☐ Health Services
☐ Physical Education & Activity
☐ Safe and Healthy School Environment
☐ Health Education
☐ Staff Wellness

FAX, E-MAIL OR MAIL YOUR APPLICATION TO:
Jennie McCary, MS, RD, LD
APS Wellness Manager
6400 Uptown Blvd NE, Suite 380 West
Albuquerque, NM 87110
FAX: 505.830.1771
E-mail: mccary@aps.edu

THANKS FOR YOUR INTEREST IN THE APS SHAC!
WE WILL CONTACT YOU SOON.