



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
APSWellness 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.**