

**Districtwide Educational Improvement Council  
Volunteer Form 2005-2006**

Name \_\_\_\_\_  
(please print)

Business Name \_\_\_\_\_  
(please print)

Address / Business Address \_\_\_\_\_  
\_\_\_\_\_  
(mailing address, street address, city, zip)

Daytime Telephone Number \_\_\_\_\_ Evening Telephone Number \_\_\_\_\_

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*Please check one:*

I would like to serve on the Districtwide Educational Improvement Council as a:

Parent\* - I have a student(s) enrolled in the following Clear Creek  
ISD schools: (please print)

\_\_\_\_\_  
\_\_\_\_\_

Citizen/\* - I reside in the Clear Creek ISD and do not have a student  
Community in the Clear Creek ISD schools.  
Representative

Business\* - I own or represent a business in the Clear Creek ISD and  
Representative do not have a student attending school in the district. I may  
or may not reside in the Clear Creek ISD attendance area.

***\*Volunteers must not be employees of the Clear Creek ISD.***

I understand that if I am selected through the drawing to serve as a member of the Clear Creek ISD Districtwide Educational Improvement Council, I will serve a two-year term and attend at least three meetings per year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date