

Eufaula City Schools School Safety Advisory Committee Community Partner Application

Section I: Community Partner Information

Applicant Name: _____

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Email Address: _____ Race: _____ Gender: _____

Names of Your Children Who Attend Eufaula City Schools:

Student Name	10 Digit Student ID	School For 2022-2023 <i>and Grade</i>	School For 2023-2024 <i>and Grade</i>
Example Student	1923456780	ABC Middle School Grade 8	DEF High School Grade 9

Do you have any children who have graduated from Eufaula City Schools? _____ Yes _____ No

If YES, please list the student name, graduation year, and school.

Section II: Community Partner Involvement and Interest

Please answer the following questions by typing or writing your answer. You may attach additional pages, as needed.

1. Please share information about your involvement in activities or organizations that support our schools and/or community.
2. How do you believe you can contribute to the goal of enhancing safety and security in our schools by serving on the School Safety Advisory Committee?
3. What perspectives would your participation bring to the School Safety Advisory Committee?
4. How do you think the School Safety Advisory Committee can help generate interest and feedback about school safety and security status in Eufaula City Schools? How would you help the School Safety Advisory Committee accomplish this goal?

Part III: Statement of Impartiality and Commitment

Check the statement(s) that apply:

_____ I have no potential **financial** or **professional** conflict of interest with Eufaula City Schools.

_____ I have/may have a **financial** conflict of interest with Eufaula City Schools (such as currently serving or previously having served as a contractor for the District or having a family member who is or was a contractor for the District). Please describe the conflict. If the conflict involves a family member, please also provide the family member's relation to you (e.g., spouse, sibling, child, cousin, etc.):

_____ I have/may have a **professional** conflict of interest with Eufaula City Schools (such as being a current or former employee of the District or having a family member who is or was a District employee). Please describe the conflict. If the conflict involves a family member, please also provide the family member's relation to you (e.g., spouse, sibling, child, cousin, etc.):

I affirm that I am willing to serve as a member of the School Safety Advisory Committee. If selected, I will serve to the best of my ability and will dedicate the time necessary to make a positive contribution to this leadership committee.

Community Partner

Signature: _____ Date: _____

Please submit applications via email to james.bailey@ecsk12.org or in person to Eufaula City Schools, 333 State Docks Road.

Applications are due by September 30, 2022