



**MIAMI-DADE COMMUNITY ACTION AND HUMAN SERVICES
HEAD START/EARLY HEAD START**

**Application for Policy Council Membership
Community Representative**

Name:	Occupation:	
Mailing Address:		
Home Phone:	Mobile Phone:	Email:

YOUR BACKGROUND		
What knowledge or skills could you contribute to the Head Start Policy Council? (please check all that apply)		
<input type="checkbox"/> Former Head Start Parent	<input type="checkbox"/> Accounting	<input type="checkbox"/> Management
<input type="checkbox"/> Public Relations	<input type="checkbox"/> Legal	<input type="checkbox"/> Human Services
<input type="checkbox"/> Education/Training	<input type="checkbox"/> Community Relations	<input type="checkbox"/> Housing
<input type="checkbox"/> Youth & Families	<input type="checkbox"/> Health	
Have you ever been employed with Community Action and Human Services (CAHSD)?		
Are any members of your family employed by CAHSD?		
List any interests, special skills or hobbies you may have (baking, crafting, decorating, etc.).		
Please describe the goals and objectives you will seek to accomplish if you are selected to serve on the Policy Council.		

Please return completed application and a copy of your most recent resume to:

Cassandra Alexander, FCP Coordinator
 Miami-Dade County CAHSD Head Start
 701 NW 1st Court, 9th Floor
 Miami, FL 33136