

Policy Council Registration/Survey Form

Policy Council **Representative** **Alternate:** _____

Name: _____

Unit: _____

Complete address: _____

Phone number(s): _____

E-mail address: _____

Policy Council Membership

1. Have you served as a full voting member of a Head Start Policy Council prior to this term?
 Yes No
2. If yes, when and where did you serve as a voting member/representative of a Head Start Policy Council?
 - a. Year: _____ Location: _____
 - b. Year: _____ Location: _____

Policy Council Rules of Conflict of Interest

3. I do not have a "financial conflict of interest" with SCCD, Inc.
 Will not receive compensation for serving on the Policy Council or for providing services to SCCD, Inc.
 Will not be "employed" or (have immediate family members employed) by SCCD, Inc.
 I will operate as an entity independent of staff employed by SCCD, Inc.

Survey

4. Currently meetings are held the third Tuesday of the month as a dinner meeting at 7:00 pm with a rotation of the meeting location between Wagner and Mitchell.
 - a. What week of the month would be best for you?
(1) 1st (2) 2nd (3) 3rd (4) 4th
 - b. What day of the week would be best for you?
Mon. Tues. Wed. Thurs. Fri. Sat.
 - c. What time of day would be best for you?
 - 1) Mornings @ _____ am
 - 2) Noon
 - 3) Afternoons @ _____ pm
 - 4) Evenings @ _____ pm
5. Please offer your suggestions as to how the Program could improve on the meeting schedule and meetings that would increase member participation.

Thank you for your response.

Staff - Please send this completed form to the office immediately following:

- ◆ When electing a new policy council representative or alternate.
- ◆ When your representative or alternate drops from policy council.
- ◆ When your policy council representative or alternates address or phone number changes.

SIGNATURE

DATE