

Desert Sands Teachers Association

Application for Committee Appointment

I have read and understand the descriptions of all DSTA committee and hereby apply for consideration as a member of the committee(s). Check all that apply.

<input type="checkbox"/>	Awards & Recognition	<input type="checkbox"/>	Membership
<input type="checkbox"/>	Communications	<input type="checkbox"/>	Negotiations
<input type="checkbox"/>	Elections	<input type="checkbox"/>	Organizing
<input type="checkbox"/>	Governance	<input type="checkbox"/>	Political Action (PAC)
<input type="checkbox"/>	Grievance	<input type="checkbox"/>	Safety
<input type="checkbox"/>	Human Rights	<input type="checkbox"/>	Scholarship
<input type="checkbox"/>	Insurance	<input type="checkbox"/>	Sunshine
<input type="checkbox"/>	Instruction & Professional Development	<input type="checkbox"/>	Other _____

Name: _____ School Site: _____

Personal Email Address: _____

(**NOT** a DSUSD email address)

Please check one:

<input type="checkbox"/>	New applicant	<input type="checkbox"/>	Renewal applicant
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Current grade level:

<input type="checkbox"/>	Pre-K
<input type="checkbox"/>	TK-5
<input type="checkbox"/>	6-8
<input type="checkbox"/>	9-12

Number of years in DSUSD:

<input type="checkbox"/>	1-5
<input type="checkbox"/>	6-10
<input type="checkbox"/>	11-20
<input type="checkbox"/>	20+

Have you ever been involved in union (DSTA or other) activities in the past? Please explain.

List any/all experience or special skills that you would bring to the committee(s) for which you are applying.

Attendance at relevant training(s) in order to enhance your role as a committee member is essential. Please initial here that you understand and agree to attend (emergencies notwithstanding). _____

If a position on the committee(s) indicated above is not available, would you be willing to serve in some other capacity? _____ Yes _____ No

Do you wish to be considered for the position of Committee Chair?

_____ Yes _____ No

Signature: _____ Date: ___/___/20___

OFFICE USE ONLY

Application received by: _____

Date and time: _____

Approved _____ Not approved: _____

Position approved for: _____

Applicant notified (how & when): _____

RETURN THIS APPLICATION TO YOUR SITE REPRESENTATIVE OR TO THE DSTA OFFICE

79440 Corporate Centre Drive, #116, La Quinta CA 92253-7241

Fax: 760-564-3396 Phone: 760-564-3376

Email to: Tricia.Schoenfeld@dsteachers.com