



Goose Creek Consolidated ISD School Health Advisory Council Membership Application

Name:	Phone:	Date:	
Address:	City:	Zip:	
Email:	Employer/Organization:		
What district do you live in? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> Unknown			
Gender (optional) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to respond			
Race/Ethnicity: (optional)	<input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to respond		
Are you an employee of GCCISD (if yes, which location)?			
Were you recommended by a GCCISD Board Trustee (not required): <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which one?			
I have a child currently enrolled in GCCISD:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Where: Grade:	
I may be contacted at:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Email		
Role: <input type="checkbox"/> Parent <input type="checkbox"/> Health Organization <input type="checkbox"/> Senior Citizen	<input type="checkbox"/> Teacher <input type="checkbox"/> Health Care Pro. <input type="checkbox"/> Higher Education	<input type="checkbox"/> Student <input type="checkbox"/> Business Community <input type="checkbox"/> Clergy	<input type="checkbox"/> School Administrator <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Other
Name of Affiliate/School/Organization: _____			
Briefly describe how you and/or your organization assists in the health and well-being of GCCISD students:			
Did you serve on the 2020-2021 SHAC? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you serve on the 2021-2022 SHAC? <input type="checkbox"/> Yes <input type="checkbox"/> No	If appointed, will you commit to attend orientation and 4 SHAC meetings during the 2022-2023 school year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SHAC members are required to be on a subcommittee. Visit our website, https://www.gccisd.net/page/wlms.home to review each committee and their role. Please check areas of interest: <input type="checkbox"/> Nutrition Services & Wellness Policy <input type="checkbox"/> Physical Activity & Fitness <input type="checkbox"/> K-12 Physical Education & Health Education <input type="checkbox"/> Health Services <input type="checkbox"/> Family Engagement & Community Involvement <input type="checkbox"/> Social Services/Emotional Climate & Staff Wellness			

MAIL OR E-MAIL YOUR APPLICATION BY JULY 26, 2022 TO:

Amanda Kennington, SHAC Chair/Facilitator
SHAC@gccisd.net
Healthy Community School Coordinator
2200 Market Street
Baytown, Texas 77520

