AAPS Bond Advisory Application

The purpose of this Bond Advisory is to engage community members in a process to help collect data, establish goals and expectations, develop comprehensive plans and to bring forward proposals to inform and advise the Superintendent.

| * Re | equired |
|------|---|
| 1. | Name * |
| 2. | Address * |
| 3. | Contact Email * |
| 4. | Contact Phone * |
| 5. | Are you a: * Check all that apply. |
| | Parent |
| | Community Member |
| | Staff Member Administrator |
| 6. | Which school(s) are you associated with? |
| 7. | Please provide a brief statement explaining why you would like to be a member of this task force. * |
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| Please select the Advisory Committee that interests you. You may select more than one, however, you will only serve on one. * Check all that apply. |
|--|
| Musical Instruments |
| Athletic Fields and Facilities |
| Auditorium Upgrades |
| Classroom Furniture |
| Playgrounds |
| Security |
| Technology |
| Please share any possible conflict of interest regarding any areas you have selected. To avoid conflict of interest, e.g. cannot be related to any vendor or profit in any way from outcome Please list any specialized knowledge, expertise and/or affiliation with related groups. * |
| Are you willing and able to commit to the time needed?* Bimonthly meetings during the six to nine month planning process with up to two hours per meeting Mark only one oval. |
| I am able to accommodate this time commitment |
| This time commitment would be a challenge, but I am interested in being active in the process |

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